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Chemist&Druggist
The Newsweekly for Pharmacy

C&D

19 July 2003

What do winning and quitting have in common?

'Third way' for modernised Society aired

Views sought on pharmacist CD prescribing

SSL confirms takeover talks are underway

Company perks and offsetting tax


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itin CQ, NiQuitin CQ Clear Product Information. Presentation: NiQuitin CQ: pinkish-tan, square, transdermal patches. NiQuitin CQ Clear: Transparent, square, ermal patches. Both presentations are available in three strengths (sizes): NiQuitin Quitin CQ Clear Step 1 (containing 114 mg nicotine per 22 cm^2 patch), NiQuitin CQ, tin CQ Clear Step 2 (containing 78 mg nicotine per 15 cm^2 patch), NiQuitin CQ, tin CQ Clear Step 3 (containing 36 mg nicotine per 7 cm^2 patch), delivering 21 mg, , 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal oms, including craving, associated with smoking cessation. If possible, use with a moking behavioural support programme. **Dosage and administration:** Patch users top smoking completely. For a habit of more than 10 cigarettes a day, start with Step 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. abit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 2 weeks. For best results complete full course of treatment. Do not use for more than nsecutive weeks. If patients still smoke or resume smoking they should seek doctors' before using a further course. Apply patch to clean, dry skin site once a day ably soon after waking. Remove patch after 24 hours and apply new patch to a fresh ite. Patches may be removed before going to bed. However, 24 hour use is mended for optimum effect against morning cravings. Wear only one patch at a time. handling patch avoid touching eyes or nose. Wash hands after use in water only. **aindications:** Use by non-smokers, occasional smokers, children under 12. Recent attack or stroke, severe irregular heartbeat, unstable or worsening angina, resting angina. Hypersensitivity to the patch or ingredients. **Precautions:** Use only on doctors' advice in adolescents 12-17 years, cardiovascular disease (e.g. heart failure, stable angina, cerebrovascular disease, vasospastic disease, severe peripheral vascular disease), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment following smoking cessation; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, tacrine, clomipramine, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ, NiQuitin CQ Clear. Keep safely away from children. Chronic consumption of nicotine can be toxic and addictive. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, dyspepsia, constipation, cough, pharyngitis, dry mouth, arthralgia, asthenia, pain, headache, myalgia, flu type symptoms, dizziness, sleep disturbance. Abnormal dreams, nervousness. If side effects experienced are excessive, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Pregnant and nursing women should be advised to try to give up without nicotine replacement therapy, but should this fail, a medical assessment of the risk/benefit should be made. **Legal category:** GSL **Product licence number:** Niquitin CQ 21mg (Step 1), 14mg (Step 2), 7mg (Step 3): 00079/0347, 0346, 0345; NiQuitin CQ Clear 21mg (Step 1), 14mg (Step 2), 7mg (Step 3): 00079/0356, 0355, 0354. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £17.49; Step 1 only 14 patches £32.95 **Date of last revision:** December 2002. **NiQuitin CQ, NiQuitin CQ Clear, CQ** and **Committed Quitters** are registered trade marks of the GlaxoSmithKline group of companies.

GlaxoSmithKline

Product Information. Presentation. Nytol: White u coate [illegible] plets imprinted with an 'N', each containing 25mg of Diphenhydramine Hydrochloride BP. Nytol One-A-Night: White coated oblong caplets imprinted with 'N', each containing 50mg of Diphenhydramine Hydrochloride BP. **Dosage and administration:** Two 25mg caplets or one 50mg caplet to be taken orally 20 minutes before going to bed, or as directed by a physician. Not recommended for children under 16 years. **Uses:** An aid to the relief of temporary sleep disturbance. **Contraindications:** Hypersensitivity to diphenhydramine, asthma, narrow angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction. **Precautions:** Nytol and Nytol One-A-Night are not recommended during pregnancy or for lactating mothers. Concomitant use with alcohol, other hypnotics, sedatives, tranquillizers or monoamine oxidase inhibitors should be avoided. Nytol and Nytol One-A-Night should be used with caution in patients with myasthenia gravis or seizure disorders. Nytol and Nytol One-A-Night produce drowsiness/sedation soon after dosing and will affect ability to drive machines. Tolerance may develop with continuous use. **Side effects:** Dizziness, drowsiness, grogginess, dryness of mouth, nausea and nervousness. Antihistamines have been reported to cause thrombocytopenia. **Legal category:** P **Product licence number:** Nytol: 00036/0068 Nytol One-A-Night: 00036/0069. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. **Package quantity and RSP:** Nytol: £2.75 for 16 caplets. Nytol One-A-Night: £4.15 for 16 caplets. **Date of last revision:** January 2002. Nytol is a registered trademark of the GlaxoSmithKline group of companies.

gsk GlaxoSmithKline

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'Third way' considered

A third way for modernising the RPSGB is being discussed following a Council strategy day earlier this month.

The proposal combines elements from both the Council's previously agreed model and those put forward by the Save Our Society campaign.

This hybrid model suggested by Council member Clive Jackson (*see box*) seems to overcome shortcomings in the existing models and, significantly, meet all the criteria that Council had already agreed any model should attain.

The SOS models, which were based on a two-board structure, were thought unacceptable because they "predicated on institutional separation of the regulatory and professional leadership and development functions both at the head of the organisation and throughout the levels below", said the Society.

Meanwhile, the existing Council-endorsed model was seen to emphasise the regulatory role at the expense of the professional development role, an issue that has provoked discontent, leading to June's SGM. The strategy day took the view that it is not now

Clive Jackson: possible 'senate'

the way forward as it "did not provide sufficient information about how the professional leadership and development function would actually be discharged", said the Society.

The hybrid proposal, although at a speculative stage and with no firm commitment from Council, takes elements from the existing modernisation models: greater lay representation on Council along with maintaining the RPSGB's professional representation role, and combines them in a way that is believed would be acceptable to the Government.

It is thought that an organisational model along the lines proposed by Mr Jackson could break the competition between the SOS and original Society models.

Mr Jackson's proposal, which was not voted on at the meeting, appears to meet Society assessment criteria for an organisational model by:

- allowing fully integrated working within the Society
- ensuring appropriate mechanisms, resources and priority for professional leadership and development, and
- naming the Council as the single governing body accountable to Parliament.

The official notice of the strategy day published last week says further work would now be carried out as a "high priority to describe a credible and appropriate structure associated with the single governing Council... which could deliver integrated regulatory and professional development, and satisfy the assessment criteria".

Since several RPSGB staff took part in the debate, so the report would seem to represent the consensus of Council members' views and staff, rather than the views of Council alone.

'Senate' idea

It is believed that, under Mr Jackson's model, the RPSG could comprise a pharmaceutic 'senate' – 17 elected pharmacis three lay members and nine pharmacists elected from specialist areas including hospi or agricultural and veterinary pharmacy – which would be responsible for professional development and leadership matters.

In addition, there would be a separate 'council' – 17 elected pharmacists, 10 lay members and two pharmacy technicians which would be responsible for regulatory matters.

Because the pharmaceutical 'senate' and the 'council' would share 20 out of their 29 representatives (the 17 elected pharmacists and three lay members), this would prevent a conflict of interests between the Society's regulatory and professional roles.

As the majority of the two boards would be composed of the same people, the chances o a disagreement would be slim.

CPP newsletter

This week's issue contains the relaunched newsletter of the College of Pharmacy Practice. The newsletter will become a regular feature in *C&D* with the aim of bringing news of College events and training opportunities to our subscribers. With the Royal Pharmaceutical Society rolling out its CPD programme, groups such as the College will play an increasingly important part in pharmacists' professional development.

The newsletter is sponsored by Genus Pharmaceuticals as part of its programme of support for community pharmacy.

GENUS PHARMACEUTICALS

OFT announcement caught up in Cabinet rift

Media reports highlighting a split between the Departments of Trade & Industry and Health and the Treasury over the OFT's recommendation to deregulate pharmacy control of entry regulations preceded the Government's official response. The announcement was expected on Thursday after *C&D* went to press.

According to last weekend's *Independent on Sunday*, the Treasury "favours full deregulation" to allow supermarkets to compete, while the DTI believes this option could threaten the future of "up to 6,000 small chemists and hinder reforms of the NHS".

The Government's statement on the 'balanced package' of proposals was originally expected on Tuesday but reports suggest it was delayed to "allow extra time for talks".

In a bid to "placate" the Treasury, the *IoS* says the DTI and DoH had been working on a compromise based upon "a complex formula that would calculate the concentration of pharmacies in a particular area. This would be used to draw up a 'competition map' to identify specific areas where supermarkets could dispense prescription drugs".

Monday's *Financial Times* said although DTI minister Patricia Hewitt was expected to rebuff the OFT's recommendation, she was "likely to free health authorities to issue more [pharmacy] licences in the hope that more competitio will push down prices".

The Times on Monday expec ministers to "water down [the OFT's] proposals because they want traditional high street chemists to play a key role in primary care".

The DTI, adds *The Times*, i "expected to produce a packag recommendations that allows chemists to be opened in some out-of-town locations, althoug there will be control over the types of services provided".

Commenting on the alleged Cabinet 'tussle' on how to respond to the OFT proposals PSNC chief executive Sue Sharpe said: "I don't care wha happening so long as they com up with the right answer for

Pictured holding the surf board are Howard Stoate MP and Miriam Armstrong, director of PharmacyHealthLink, and members of the London Surf Club hoping for a cross-Channel swim this weekend

PEOPLE

Surfers prepare to swim Channel

From abseiling to marathon running – are there no bounds to the abilities of Dr Howard Stoate MP, chairman of the All-Party Pharmacy Group?

Well, yes, it seems. He has only been prepared to support rather than take part in a charity team swim across the Channel which will include PharmacyHealthLink director Miriam Armstrong.

Weather permitting, the team of 10 will make the crossing this weekend, hoping to cover a distance of 35 miles in 16 hours. Miriam is part of the London Surf Club which is attempting the crossing to raise money for the mental health charity Mind.

Anyone who would like to support Miriam in her bid to swim the Channel can visit the club's website at *www.surfersformind.co.uk* or contact Miriam at Pharmacy HealthLink on *marmstrong@rpsgb.org.uk* or tel: 020 7572 2264.

PRESCRIBING

Pharmacists to prescribe CDs?

Pharmacists and nurses may be able to prescribe controlled drugs as part of supplementary prescribing, depending on the outcome of a Home Office consultation.

The Home Office drugs inspectorate is "satisfied that the statutory requirements for supplementary prescribing are very tightly drawn and there is little scope for nurses and pharmacists to be manipulated to authorise the inappropriate supply of controlled drugs".

The proposal to amend the Misuse of Drugs Regulations 2001 has been issued following consideration by the Advisory Council on Misuse of Drugs, which said that legislation is not intended to impede the legitimate medicinal use of controlled drugs.

Supplementary prescribers would not be able to prescribe cocaine, diamorphine or dipipanone for drug addicts unless they, as well as the independent prescriber, had a licence from the Home Office.

Subject to consultation, the legislative changes would be implemented at the beginning of next year in England, Scotland and Wales. Northern Ireland is expected to amend its own regulations similarly.

Comments on the consultation should be sent to Mr Naim Siddiqui, Drug Legislation and Enforcement Unit, Home Office, Room 243, 50 Queen Anne's Gate, London SW1H 9AT by September 12.

For more information:

www.homeoffice.gov.uk

Naim.Siddiqui@homeoffice.gsi.gov.uk

Tel: 020 7273 3474.

PRACTICE

DoH corrects omission over Somatuline

Contractors will no longer lose money each time they dispense prescriptions for Somatuline (lanreotide) Autogel after the Department of Health confirmed that a 'zero discount' endorsement would be accepted from August.

The action follows a warning from Wiltshire pharmacist Kenneth Schofield that the average contractor lost about £80 each time they dispensed a Somatuline Autogel prescription.

This was because Somatuline Autogel is a fridge line and attracts no discount but, as it was not in the *Drug Tariff*'s ZD list, the Prescription Pricing Authority applied a discount clawback, resulting in contractors losing money. However, PSNC said that from August, Somatuline Autogel will be added to ZD list B and contractors should endorse prescriptions 'ZD' if no discount is received.

PSNC is "investigating" ways in which discounts deducted prior to August can be recovered, despite previously stating that contractors who had suffered a financial loss should ask for a statutory payment from their PCT.

- The DoH and the National Assembly for Wales have agreed to allow pharmacists to endorse prescriptions for Nitrofurantoin Oral Suspension BP 25mg per 5ml with NCSO (no cheaper stock obtainable) during July.

PSNC

Discount scale drops

PSNC has approved a new discount clawback scale which the Department of Health intends to introduce from September 1.

The new scale will be a reduction of 1 per cent at each level of reimbursement, with the aim of recovering 10.75 per cent of the SDR NIC, equivalent to £65 million over the next 12 months. The current scale recovered 11.50 per cent in the year to March 31.

Contract roadshows seek consensus on services

Skill mix and financing issues seem to be the main concerns so far of pharmacy contractors at the PSNC roadshows on the new pharmacy contract framework.

PSNC said about 1,000 contractors are expected to have attended one of the roadshows, and comments have been generally positive.

Organiser Alastair Buxton said skill mix issues and the cash side have "unsurprisingly" been raised. With this in mind, PSNC is to include three more contractors representing the independent and multiple sectors in the negotiating team.

Sue Sharpe, PSNC's chief executive, said the roadshows have been emphasising why the service framework is being presented for consideration. She said by getting consensus on what pharmacists can do first, PSNC can show there is "buy-in" to provide services when negotiating with the Government. This "makes the case better for adequate funding".

She said: "We are persuaded it's better to get that commitment from the profession to support our case for the significant funding that's going to be needed to provide those services."

A DoH statement on the new pharmacy contract framework was expected at about the same time the Government announced its response to the OFT report on control of entry regulations (expected after *C&D* went to press).

For more information:
www.psnc.org.uk

PRACTICE

'Off-label' warning

The Royal Pharmaceutical Society is worried that medicines prescribed to children 'off-label' often contain inappropriate patient information leaflets.

"The product information leaflet will often state that the medicine is contraindicated in children and will only give adult doses," RPSGB professional development fellow David Pruce has told the Children's NSF project manager.

A possible solution, he suggests, are 'generic' PILs for commonly used 'off-label' products that cover similar information to that given in the original PILs.

MULTIPLES

Co-op trains technicians

Two dispensing technicians from a Midlands-based co-operative pharmacy chain have qualified as the company's first accredited checking technicians.

Marguarita Simms and Chris Martin, who both work at Co-op pharmacies in Wolverhampton, are the first West Midlands Co-op staff to achieve the accreditation.

Paul Byrne, West Midlands Co-op superintendent pharmacist, was delighted with his staff's achievement. He said: "This will be of great benefit to customers as it will free up more time for them to receive face-to-face advice from expert pharmacists."

West Midlands Co-op runs 32 pharmacies across the region.

Pictured, seated from left, are: West Midlands Co-op's accredited checking technicians Chris Martin and Marguarita Simms. Behind them is WM Co-op training manager Diane Walker and Vanessa Kingsbury from Buttercup Training

WALES

Welsh seek more power

Welsh pharmacists have voted in favour of a motion calling for the Royal Pharmaceutical Society's new Charter to take into account devolution and Welsh policy.

At last Wednesday's Welsh Executive AGM, Swansea pharmacist Christina Lowe (above) proposed that the RPSGB's new Charter should cover "devolution and, in particular, NHS (Cymru) Wales and health and social services policy of the National Assembly for Wales" and that the Welsh Executive "be allowed the power to establish policy for [Welsh] pharmaceutical and health matters".

The motion echoes the Scottish AGM's call for more powers for the Scottish Executive and was carried with no votes against.

The Welsh Executive has forwarded the motion to Council for consideration together with constructive comments.

PRACTICE

Success for free condoms

A scheme for pharmacies to supply free condoms to the under 20s has been extended following the success of a four-week pilot (*C&D, March 1, p5*).

More than 100 young people accessed the scheme during its first month and, as a result, the 2 community pharmacies in North and North-East Lincolnshire PC areas have all continued to take part in the scheme.

But arrangements for continued funding still have to be confirmed, said Tim Cottingham, chairman of South Humber Local Pharmaceutical Committee.

He hopes the scheme will continue as it is relatively inexpensive to run. "When bought in bulk a condom is cheaper to supply than a leaflet telling people to use a condom," he explained.

Questiontime

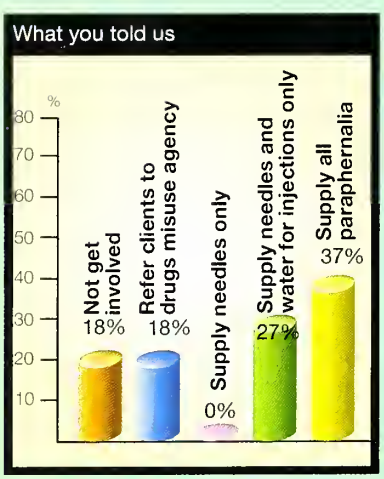
Sponsored by UniChem

Last week we asked you: "How far do you think community pharmacies should go in supplying drug-taking paraphernalia?" You replied (see right):

This week's question: What do you think of the RPSGB's proposal that medicines commonly used 'off-label' should be supplied with a 'generic' patient information leaflet covering such use?

A good idea ● Extra information may alarm patient
Needs funding first ● Too many legal problems ● Bad idea

You can record your vote on our website: *www.dotpharmacy.com*. You have until noon on July 22 to cast your vote. We will publish the results in *C&D*, July 26.



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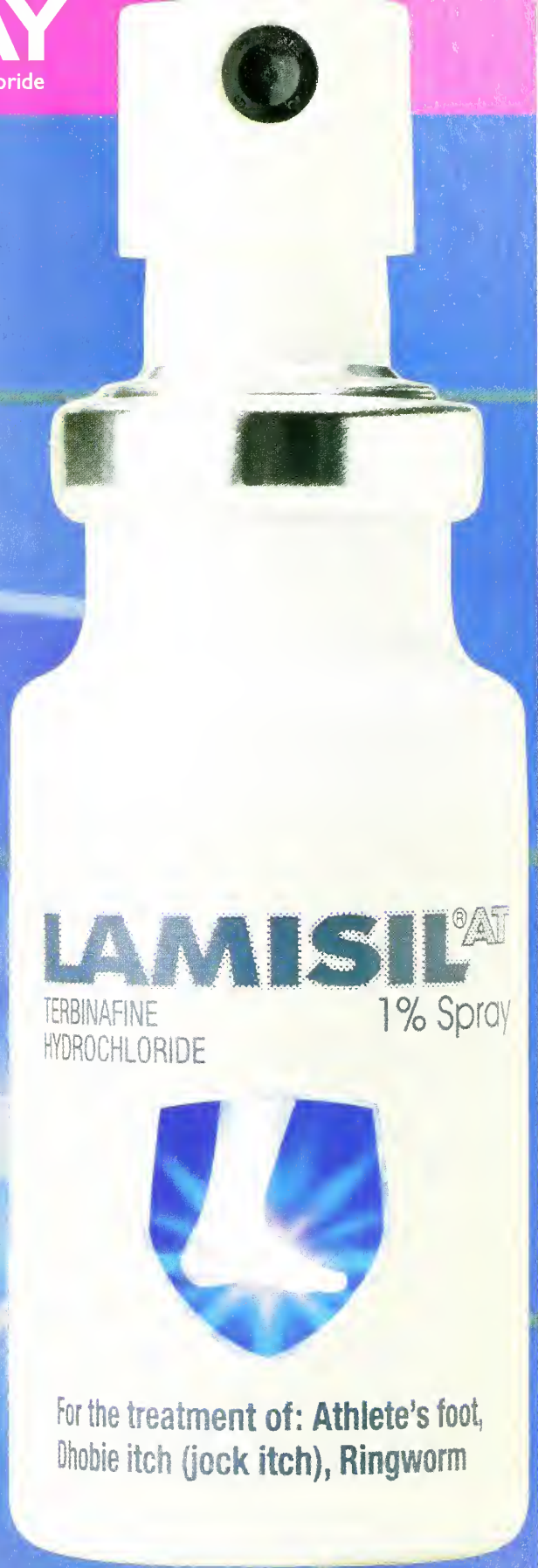

1 The first and only once-daily, one-week treatment for athlete's foot

2 Primary fungicidal from spray

3 No. 1 [P] brand within the

4 Terbinafine gives long lasting protection for weeks and weeks

5 Contains the most widely prescribed antifungal for athlete's foot[2]

6 Cost effective treatment for your customers

7 Conveniently treats in 7 sprays – one a day for 7 days

LAMISIL®AT – A WINNING COMBINATION TO RECOMMEND

Also available in a cream.

Prescribing information: LAMISIL AT 1% Spray. **Presentation:** Solution containing terbinafine hydrochloride 1.0% w/w. **Indications:** For the treatment of athlete's foot, dhobie (jock) itch and ringworm. **Dosage and administration:** The spray is applied once daily for one week. Not recommended for children under 16. **Contraindications:** Hypersensitivity to terbinafine or any of the excipients. **Precautions:** For external use, avoid contact with the eyes. Avoid inhalation and do not use on the face. **Pregnancy and lactation:** Not recommended during pregnancy or lactation. **Side effects:** Redness and irritation at the site of application. Discontinue treatment if an allergic reaction occurs. **Legal category:** P. **Recommended Retail Price:** £5.49 (15ml Pump Spray). **Product licence number:** PL 0030/0147*. LAMISIL AT. **Presentation:** Cream containing terbinafine hydrochloride 1.0 % w/w. **Indications:** For the treatment of athlete's foot and dhobie (jock) itch. **Dosage and administration:** The cream is applied once or twice daily. The duration of treatment is one week for tinea pedis and one to two weeks for tinea cruris. Not recommended for children under 16. **Contraindications:** Hypersensitivity to terbinafine or any of the excipients. **Precautions:** For external use, avoid contact with the eyes. **Pregnancy and lactation:** Not recommended. **Side effects:** Redness and irritation at the site of application. Discontinue treatment if an allergic reaction occurs. **Legal category:** P. **Recommended Retail Price:** £4.99 (7.5g tube). **Product licence number:** PL 0030/0144*. *Product licence holder: Novartis Consumer Health, Wimblehurst Road, Horsham RH12 5AB. **Date of Preparation:** March 2003. **References:** 1. IRI Dec 2002. 2. Dinlink MAT Jan 2003.

Novartis Consumer Health, Wimblehurst Road, Horsham, Sussex RH12 5AB.

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Gastrocote News

IT'S BACK

Great news for your Gastrocote Tablet Customers.

Active Ingedients: Alginic Acid BP 200mg, dried aluminium hydroxide gel BP 80mg, magnesium trisilicate BP 40mg, sodium bicarbonate BP 70mg, per tablet. **Indications:** Heartburn including that of pregnancy, reflux oesophagitis, particularly where associated with hiatus hernia and in all cases of epigastric distress with gastric reflux or regurgitations. Also indicated in acid indigestion. **Dosage Instructions:** Adults and older children (6 years and over): one to two tablets to be chewed four times a day, after main meals and at bedtime. Children under 6 years: only on the authorisation of a medical practitioner. **Contra-indications:** None. **Precautions and warnings:** Care should be exercised in treating diabetic patients as the tablets contain approximately 1g of sugar. Each tablet also contains 21mg (0.91 Meq) of sodium, which may be important for patients with a low sodium diet. As Gastrocote tablets contain aluminium hydroxide, use with caution in patients with renal dysfunction or on a low phosphate diet. **Interactions:** None stated. **Pregnancy and Lactation:** Gastrocote Tablets can be used in pregnancy. **Side Effects:** None Stated. **Basic NHS price:** 100 tablets, £3.51. **Legal category:** GSL. **Marketing Authorisation:** PL 11314/0061 **Product Licence Holder:** Seton Products Ltd., Tubiton House, Oldham OL1 3HS. **Distributor:** Thornton & Ross Ltd, Linthwaite, Huddersfield. HD7 5QH U.K. **Date of last Revision:** February 2003.

Thornton & Ross Limited, Linthwaite, Huddersfield, West Yorkshire HD7 5QH Tel. 01484 842217 Fax. 01484 847301

T R

SSL in takeover talks

SL International, owner of the Durex, Scholl and Marigold rands, has confirmed it is in akeover talks, with speculation hat household goods firm eckitt Benekiser may be onsidering a £560 million bid or the Knutsford, Cheshire ealthcare group.

In a statement, SSL said: Further to recent press peculation, SSL confirms that is in preliminary discussions hich may or may not lead to an offer for the group."

SSL's chief executive Brian Buchan's golden parachute clause could net him more than £1m if the company was taken over and he lost his job.

A spokesperson for Reckitt said the company refuses to comment on speculation.

However, analysts are known to be urging it to invest its £20m war chest or return the money to shareholders, making SSL an inviting prospect.

SSL was formed by the merger of Seton Scholl Healthcare and London International Group in June 1999. It has 7,000 staff at its manufacturing sites in the UK, USA, Continental Europe and the Far East and put its medical division up for sale earlier this year.

SSL shares initially rose on news of the takeover talks last week but have now stabilised.

For more information:
www.ssl-international.com

Rowlands invests in security cabinets

Phoenix is spending £300,000 nstalling new controlled rugs eabinets in all of its 300 Rowlands Pharmacies over the ext three months.

The eabinets, from EPS Premier Ltd, have two ompartments – one for ash and the other to hold ontrolled drugs.

Entry to each is gained via a igital keypad which is rogrammed with duress facilities nd time delays.

Each keypad can be audited to how when the compartments were opened and closed and by whom.

Jannine Jones: a prudent measure

Phoenix Group security manager Jannine Jones said: "The existing specification cabinets used throughout pharmacy retail, while adequate 20 years ago, are now outdated and overpriced. The new safes are only a small part of the overall improvement plans. We feel that, in order to protect our staff, it is a prudent measure to install the latest equipment."

For more information:
www.epspremier.co.uk

New appointments to AU board

Per Utnegaard has joined Alliance Unichem's board as wholesale director from 3 September 2003. Coinciding with this appointment, Ornella Barra, currently the director responsible for Southern Europe wholesale, becomes group services director.

The company has also appointed Marco Pagni as general counsel and company secretary.

Queen's Awards call for entries

Entries are now being invited for the 2004 Queen's Awards for Enterprise. The deadline for applications is midnight on 31 October 2003.

The Awards are open to UK-based companies which can demonstrate outstanding success in their field. Apply by phoning 0870 513 4486 or visiting *www.queensawards.org.uk*

Easy way to give to charity

The Giving Campaign, a national initiative supported by the Government, is encouraging pharmacy retailers to help their employees sign up to Payroll Giving.

Boots is one such company supporting the campaign. Sarah Smith, community health promotion manager at Boots, said: "Our employees are encouraged at every opportunity to take a proactive role in charity work and Payroll Giving is an easy, tax-efficient way for them to get involved and support the causes that they really care about.

"More than £56,500 was pledged each year for a variety of charitable causes by employees giving in this way."

Payroll Giving enables employees to make donations straight from their salary before tax is deducted.

As an extra incentive, the Government adds 10 per cent to every donation made.

In 2002-2003, £86 million was raised for charities through Payroll Giving alone, although only 1 per cent of UK companies currently offer the scheme compared to 35 per cent in the USA.

Payroll Giving is easy for employers to operate as most of the administration is carried out by Inland Revenue-approved charity agencies.

The employer simply deducts the agreed amount before tax and sends all the money to the agency once a month (at the same time PAYE tax is sent to the Inland Revenue).

The charity agency does the rest, including distributing donations to the nominated charities.

For more information:
Tel: 020 7930 3154
www.givingcampaign.org.uk
admin@givingcampaign.org.uk

Clampdown on ageism in workplace

Trade and Industry Secretary Patricia Hewitt has published a consultation document called *Age Matters* outlining proposals to outlaw workplace age discrimination by October 2006.

The document seeks views on the abolition of employers' mandatory retirement ages unless employers can objectively justify them; a default retirement age of 70, at which employers could retire employees; and changes to the legislation regarding unfair dismissal and redundancy.

Ms Hewitt, also Cabinet Minister for the Women and Equality Unit, said: "Age discrimination is the last bastion of lawful unfair discrimination in the workplace and it will be outlawed.

"But this legislation is not about forcing people to work longer. It will provide more choice and flexibility for those who wish to stay in work in their 50s and 60s."

The Government has also introduced a new law to toughen up enforcement of the national minimum wage, ensuring workers can claim arrears for past as well as current employment.

Employment relations minister Gerry Sutcliffe said: "The Government is determined to make sure that all workers, including those who have left for new jobs, are paid what they are owed."

A spokesman for Boots, which currently has a retirement age of 65, or 60 for senior managers, said: "We do not discriminate on age and would of course review our policies in light of any new legislation being passed."

The Government has also laid regulations before Parliament to introduce increases in the minimum wage rates.

The adult rate will be increased from £4.20 to £4.50 and the development rate will be increased from £3.60 to £3.80. Between 1.3 and 1.6 million low paid workers will stand to benefit from these increases.

Anyone who thinks that they are not being paid the minimum wage should call the minimum wage helpline on tel: 0845 6000 678.

For more information:
www.dti.gov.uk/er/equality/age

Provalis in sales jump

Medical, diagnostics and pharmaceuticals group Provalis has seen sales for the year ended June 30 2003 leap 49 per cent to £14 million against last year.

Pharmaceuticals sales in its healthcare division were £10.9m, up 33 per cent on the previous financial year.

This reflects the first full year contribution of Diclomax (£6.4m), the growth in sales of existing products plus the first contribution from Provalis's Irish sales business which began trading in February.

Chief executive Phil Gould said: "Provalis is now nearing the end of the transition it began a number of years ago from a research orientated company to a customer led, commercially successful group with its own products and highly focused product development programmes. With this commercial focus, lower cash burn and healthy cash position, Provalis continues to progress towards financial self sufficiency."

ABPI supports alternatives to animal testing

The Association of the British Pharmaceutical Industry (ABPI) has hailed two reports published by the Animal Procedures Committee as "a constructive contribution to the appropriate use of animals in medicines research".

But Andrew Curl, ABPI deputy director-general, said: "The fact remains that it is still necessary to use animals in the course of developing new medicines.

"No regulatory authority would allow a company to license a medicine that had not gone through this process."

"What we can and do achieve is to use animals only when strictly necessary, and with their welfare top of the agenda.

"At the same time, the industry is the prime developer of alternatives to the use of animals."

The group added that the industry's achievements in this area mean that the ABPI supports the recommendation that alternatives to the use of animals must be further developed.

"We share the objectives of the committee in wanting to reduce the use of animals in medicines research as much as possible," said Mr Curl.

"However, the truth is that we cannot yet develop medicines without using them.

"Non-animal testing, including computer modelling, is still a long way from the stage where we can predict what will happen to a compound when it is put into a living body."

For more information:

www.apc.gov.uk/reference/reports.htm

Mawdsleys' new vans

Mawdsleys has given its delivery vans a summer makeover. Its new silver Ford Transit vans have Mawdsleys' blue logo on the sides, front and rear.

Neil Springall, operations manager at the Milton Keynes depot, said: "The silver paint job makes the latest vans just that little bit different – but the Mawdsleys' efficiency remains the same."

More than 90 of the vans will be delivered to the West Bromwich, Salford, Sheffield and Milton Keynes depots in July and August.

Small company thresholds could rise to EU maximum

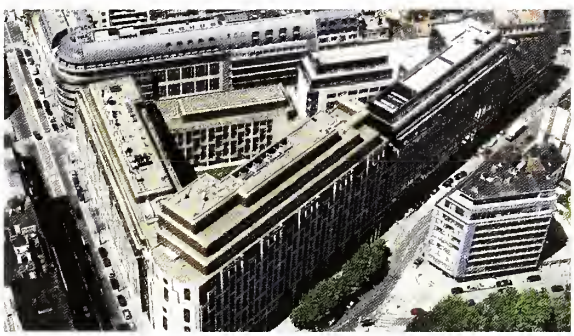
New proposals to raise medium nd small company thresholds to he EU maximum have been nnounced by DTI minister aequi Smith, in a bid to cut red ape and allow more businesses to ake advantage of tax incentives.

Small companies will also be ble to take advantage of less nerous accounting requirements. The intention is to increase small nd medium-sized company urnover thresholds from £2.8 illion and £11.2m respectively o £5.6m and £22.8m espectively. The consultation document is also seeking views on increasing the audit exemption threshold. Currently, companies with a turnover above £1m are required to have a statutory audit of their annual accounts. The new proposals would increase the turnover threshold to £5.6m.

Ms Smith said: "Increasing the thresholds for small and medium-sized companies will free thousands of UK companies from red tape and increase competitiveness."

The consultation closes on October 3.

he uropean ommission uilding



Audio Visual Library

Pharmaceutical staff levels are booming

The pharmaceutical sector has confirmed its reputation as recession-proof, according to an Industry Insight survey by recruitment consultancy TMP/Hudson Global Resources.

Across pharmaceutical, biotechnology and diagnostics businesses the survey shows 44 per cent of companies have increased staff numbers during the last six months.

Thirty four per cent kept numbers the same and only 12 per cent reduced them.

During the next six months, one third of firms plan to increase staff numbers, with half anticipating that they will remain the same.

However, for a sector which relies on new drug development for financial stability and growth, one fifth of businesses believe there are not enough skilled research and development professionals to satisfy investor demand for new treatments.

This figure rises to 27 per cent when focusing solely on pharmaceutical firms.

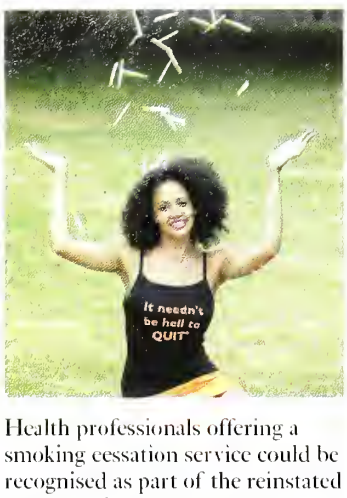
Firms in the sector are being hit hard by specific skills shortages, with 42 per cent of pharmaceutical firms admitting to this.

Michael Herst, UK head of pharmaceutical recruitment at TMP/Hudson Global Resources, said: "Investor demand for new drug development and the strong performance of the pharmaceutical sector as a whole have been driving skills sector shortages for some time.

"In addition, the emergence of the biotechnology sector has introduced an interesting dynamic into the industry job market.

"Biotech businesses were initially tempting many skilled workers and researchers from established pharmaceutical businesses, but are now finding it harder to do so due to recent doubts about the financial health of the biotech sector."

Don't quit helping others quit



Health professionals offering a smoking cessation service could be recognised as part of the reinstated 'Quitter of the year' awards.

QUIT, the charity dedicated to helping people stop smoking, has joined forces with Novartis to look among the public for the quitter of the year and among health professionals for the best smoking cessation supporter. The latter award is open to individuals or teams who have championed smoking cessation as part or all of their professional remit.

The closing date for nominations is September 8, giving time for the judging panel to interview six semi-finalists at work. The awards will be made at the Quitter of the Year Award ceremony in London on November 26. Application forms are available from the Quitline on 0800 002200 or by visiting QUIT's website on *www.quit.org.uk*

Web training

Pharmacists can access a free website providing interactive training on communication skills from next week.

Developed under the auspices of the London Deanery by a multi-professional group of experts, the site offers four programmes:

- Communication skills
- Ethics and law
- Patient safety and clinical risk management
- Reflective learning.

[illegible], postgraduate dean [illegible] London, said the programmes "cover skills that are essential for all professionals who work in health and social care".

For more information:

www.HealthcareSkills.nhs.uk

Technicians 'need representation'

Pharmacy technicians need a professional and representative organisation to make sure their views are heard during the next few years, said Darren Leech, president of the Association of Pharmacy Technicians UK. And he reckons the APTUK is the right body to fulfil that role.

Although technicians will be regulated by the RPSGB from 2007, Mr Leech reminded more than 150 technicians at a conference last week: "It [the Society] will not look out for the interests of pharmacy technicians. It will not provide professional leadership and will not help pharmacy technicians faced with any potential conflict at work."

He believes that the views, opinions and agenda of pharmacy technicians is more important now than at any time in the APTUK's 50-year existence.

"The more members we have the more we can do for pharmacy technicians. My intention is to make sure our voice is heard – whether it's at the Society developing the regulatory framework for our profession, at the Department of Health, or anywhere else. Pharmacy technicians need and deserve a say in all decisions that affect them."

He explained that choosing the Society as regulator would avoid "the potential split or further confusion in pharmacy standards and duplication of effort that any other arrangement might cause".

For more information:

www.aptuk.org

North-East London LPC members have concluded their current campaign against the OFT Report by meeting Opposition Leader Iain Duncan Smith. He was concerned that communities could be losing their local pharmacies, just like post offices and banks, thus completely destabilising local economies. He pledged the Conservative Party will support the pharmacy campaign against the OFT Report. Mr Duncan Smith is pictured signing an anti-OFT Report petition with Herman Benjamin, of Benjamin's Chemist, and Hemant Patel of NEL LPC

AAH adds on travel health

AAH Pharmaceuticals has added travel health to the range of services available under its Vantage Health Watch scheme.

It provides community pharmacists with all the necessary information to prepare customers for overseas travel, including a travel health checklist, said AAH.

Topics covered by the service include minor ailments, malaria, vaccinations, safety in recreational waters, ways to avoid unsafe food and drink, and health insurance.

Dr Mandeep Mudhar, AAH Pharmaceuticals' marketing director, said: "As well as helping to bring pharmacists in line with the Government's proposed two-tier [pharmacy] contract, the travel health service will also enable pharmacists to utilise their expert knowledge and provide a good professional service that takes the hassle out of planning a trip abroad."

Product Name: Daktacort HC **Presentation:** White homogeneous, odourless cream containing miconazole nitrate 2%w/w and hydrocortisone acetate equivalent to hydrocortisone 1%w/w **Indications:** Sweat rash (candidal intertrigo) and athlete's foot associated with fungi and bacteria where inflammation is present. The properties of Daktacort HC indicate it particularly for the initial stages of treatment. Once the inflammatory symptoms have disappeared, treatment can be continued with Daktarin Cream or Powder **Dosage and Administration:** For topical administration. Apply the cream twice a day to the affected area. Maximum period of treatment is 7 days. **Contra-indications:** Hypersensitivity to any of the ingredients. Tubercular or viral infections of the skin or those caused by Gram-negative bacteria. Use on broken skin, large areas of skin, for treatment longer than 7 days, to treat cold sores and acne, use on the face, eyes and mucous membranes. Should not be used unless prescribed by a doctor in the following conditions: children under 10 years of age, on the ano-genital region, to treat ringworm or secondary infected conditions **Precautions:** Care should be taken when applied to extensive surface areas or under occlusive dressings. Long term continuous topical corticosteroid therapy and application to the face should be avoided **Side Effects:** Rarely, local sensitivity may occur requiring discontinuation of treatment. **Legal Category:** **PL Number:** PL 0242/0367. **PL Holder:** Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire, HP14 4HJ **Package Quantities, Price:** 15g tube, £4.79 **Date of Preparation:** Aug 2001

Product Name: Daktarin™ Cream. **Presentation:** White homogeneous cream containing miconazole nitrate 2%w/w **Indications:** Treatment of fungal infections of the skin and mucous and supernfections due to Gram-positive bacteria **Dosage:** Skin infections: Apply twice daily to the lesions and continue for 10 days after all lesions have disappeared to prevent relapse Mucous membrane infections: Apply once or twice daily to the lesions and continue for 10 days after all lesions have disappeared to prevent relapse **Contra-indications:** None known. **Precautions:** None **Side Effects:** Occasionally irritation has been reported. Rarely, local sensitisation may occur in which case administration of the product should be discontinued. **Legal category:** P **PL Number:** PL 00242/0016 **PL Holder:** Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire, HP14 4HJ **Package Quantities, Price:** 15g tube, £3.20 **Date of Preparation:** May 2000.

Product Name: Daktarin Dual Action Cream **Presentation:** White cream containing miconazole nitrate 2% w/w **Indications:** Treatment of athlete's foot. **Dosage and Administration:** Apply twice daily to the lesions and continue for 10 days after all lesions have disappeared to prevent relapse **Contra-indications:** None known **Precautions:** None **Side Effects:** Occasionally irritation has been reported. Rarely local sensitisation or hypersensitivity may occur in which case administration of the product should be discontinued **Legal Category:** GSL **PL Number:** PL 00242/0326 **PL Holder:** Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire, HP14 4HJ. **Package Quantities, Price:** 15g tube, £4.99. 15g tube, £3.20 **Date of Preparation:** May 2000

Product Name: Daktarin Dual Action Powder **Presentation:** White powder containing miconazole nitrate 2% w/w **Indications:** Treatment of athlete's foot **Dosage and Administration:** Apply twice daily to the lesions and continue for ten days after all lesions have disappeared to prevent relapse **Contra-indications:** Known hypersensitivity to miconazole or any other component of this product. Not recommended for the treatment of infections of the hair and nails **Precautions:** Discontinue if hypersensitivity or irritation occurs **Side Effects:** Hypersensitivity has rarely been recorded **Legal Category:** GSL **PL:** 0242/0325 **PL Holder:** Janssen-Cilag Limited Saunderton, High Wycombe, Buckinghamshire HP14 4HJ **Package Quantities, Price:** 20g tub, £3.20 **Date of preparation:** August 2001

Product Name: Daktarin™ Dual Action Spray Powder **Presentation:** Topical spray powder containing miconazole nitrate 0.16% w/w **Indications:** For the prevention and treatment of athlete's foot. **Dosage and Administration:** Apply to infected area twice daily until lesions are healed For topical administration **Contra-indications:** Known hypersensitivity to miconazole or any other component of the product Not to be used on hair infections, nail infections or broken skin. **Precautions:** Treatment should be discontinued if a reaction occurs that suggests sensitivity or irritation Keep spray away from eyes and mucous membranes **Side Effects:** Hypersensitivity has rarely been recorded **Legal Category:** GSL **PL Number:** PL 00242/0326 **PL Holder:** Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire, HP14 4HJ. **Package Quantities, Price:** 100g can, £3.99 **Date of Preparation:** May 2000.

Product Name: Daktarin Gold **Presentation:** White cream containing ketoconazole 2% w/w **Indications:** For the treatment of tinea pedis (athlete's foot), tinea cruris (dhobie itch) and candidal intertrigo (sweat rash). **Dosage and Administration:** For athlete's foot apply twice a day for one week. For more severe extensive athlete's foot (e.g. involving the sole or sides of the foot) continue to apply the cream for at least 2-3 days after all signs of infection have disappeared to prevent relapse For dhobie itch and candidal intertrigo apply once or twice daily for at least 7 days after all signs of infection have disappeared to prevent relapse For topical administration. **Contra-indications:** Hypersensitivity to any of the ingredients or to ketoconazole **Precautions:** Not for ophthalmic use **Side Effects:** Adverse instances of irritation, dermatitis and burning sensation have been observed **Legal Category:** P **PL Number:** PL 00242/0101 **PL Holder:** Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire, HP14 4HJ **Package Quantities, Price:** 15g tube, £4.99 **Date of Preparation:** Jan 2001

Product Name: Daktarin Powder **Presentation:** White powder containing miconazole nitrate 2% w/w **Indications:** Treatment of fungal infections of skin and supernfections due to Gram positive bacteria **Dosage and Administration:** Apply twice daily to lesions and continue for 10 days after all lesions have disappeared to prevent relapse. For cutaneous use. **Contra-indications:** Known hypersensitivity to miconazole or any other component of the product Not recommended for the treatment of infections of the hair and nails **Precautions:** Discontinue if hypersensitivity or irritation occurs. **Side Effects:** Hypersensitivity has rarely been recorded **Legal Category:** P **PL Number:** PL 00242/0010 **PL Holder:** Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire, HP14 4HJ **Package Quantities, Price:** 100g tube, £4.99 **Date of Preparation:** Jan 2001

Product Name: Daktarin Powder **Presentation:** White powder containing miconazole nitrate 2% w/w **Indications:** Treatment of fungal infections of skin and supernfections due to Gram positive bacteria **Dosage and Administration:** Apply twice daily to lesions and continue for 10 days after all lesions have disappeared to prevent relapse. For cutaneous use. **Contra-indications:** Known hypersensitivity to miconazole or any other component of the product Not recommended for the treatment of infections of the hair and nails **Precautions:** Discontinue if hypersensitivity or irritation occurs. **Side Effects:** Hypersensitivity has rarely been recorded **Legal Category:** P **PL Number:** PL 00242/0010 **PL Holder:** Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ **Package Quantities, Price:** 20g tub, £3.20. **Date of preparation:** May 2000. *IRI W/E 18th May 2003

THE TEAM TO BEAT

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Comment from the Editor

By the time you read this, the Government should have published a response to the OFT recommendations on control of entry which is, unfortunately, too late for inclusion in this week's *C&D*.

Going right to the line is a shrewd move by the Government if it has anything unpleasant to announce as part of its "balanced package of measures". Having garnered the support of MPs (except, it seems, for Gordon Brown), pharmacy was in a strong position. But, as Parliament has gone into recess, any debate on the OFT will have to wait until the House returns in October.

For the pharmacy lobby to keep the MPs' support – should there be a need, of course – will require continued effort, and keeping the focus on the plight of pharmacy during a long summer break will tax many.

Coupled with the OFT response, the Government has also indicated there will be a statement on the new pharmacy contract framework – let's hope that isn't buried or ignored by the national media. Encouraging the public and health professionals in the debate over primary care services should be one way of supporting pharmacy's preferred contract when it comes to negotiating with the DoH.

Unfortunately, there may be some more 'difficult' news soon after – the Shipman enquiry is expected to publish its recommendations on the prescribing and supply of controlled drugs at the end of the month. These will add to, and could possibly overtake, those on professional self-regulation in the *Kennedy Report* on the Bristol hospital, on which much of the RPSGB's programme of reform is being based.

This week's news of a 'third way' for a reformed Society may be tempered yet. Could it be a case of back to the drawing board for all concerned?

For the pharmacy lobby to keep the MPs' support will require continued effort

Yourviews

Ple@se e-mail your views to chemdrug@cmpinfomation.com

A proposal to eliminate the need for cutting original packs

I note once again the failure of government to implement Original Pack Dispensing which, contrary to MP Ms Johnson's opinion (*C&D, June 28, p5*) is the only logical and practical way of complying with the European Directive. Why are we the only EU country not using original packs?

If the Society did its job representing pharmacists, it would long ago have made it professionally unethical to snip and clip, instead of wasting energy playing around with new charters and reorganisation. No wonder there is a lack of interest in the Society from pharmacists.

I believe the time has come for a more concentrated effort. All pharmaceutical bodies should make an effort to bring this nonsense to an end by combining with the consumer/patient organisations to lobby MPs for the implementation of OPD.

Could the NPA or other organisation produce a leaflet for pharmacists to attach to snipped prescriptions along the lines of: "Your pharmacist regrets the need to supply your medicine in split strips. This is still necessary because of the Government's failure to implement the OPD legislation, which was agreed over seven years ago. If you feel, like we do, that it is a disgraceful way to supply your medicine, please write to the health minister and your MP at the House of Commons... perhaps enclosing the empty snipped foils as evidence. Pharmacy needs your support."

That should generate a few letters to convince Ms Johnson of the need to solve the problem.

Brian Morrison MRPharmS
Torbay.

Next steps in the electronic transmission of prescriptions

Further to the article in C&D (July 12, p4) the Department of Health has submitted this statement:

The ETP pilots which have been running since June 2002 will be brought to a close at the end of June 2003. Professor Sir John Pattison, director of research, analysis and information at the DoH, said: "We are grateful to the three consortia: Flexiscript, TransScript and Pharmacy2U who have been running the ETP pilots. Their work has demonstrated that prescriptions can be transmitted electronically and in a safe and secure manner. During the close down we will work with the pilots to ensure patients and healthcare professionals are notified and have time to make alternative arrangements. We now need to translate the lessons learnt from these pilots into a sustainable and national service."

Among the key findings of the evaluation is that ETP is viable and could provide a range of benefits. This information will be used to help shape the specification for a National Prescription Service to achieve the targets outlined in *Delivering 21st Century IT Support for the NHS: a National Prescription Service*, to be 50 per cent implemented by the end of 2005 and fully implemented by 2006/2007.

Northern Ireland NOTEBOOK

A case of mistaken identity

She is 40-something, thin, worn down by life's burdens. A taut face, almost expressionless but for a glimmer of determination to keep going, move forward, keep a home together, raise her children.

When she asked to speak to me "quietly" I was keen to listen. She was worried that her eldest, a boy now 16, was keeping malevolent company and might, just might, be taking drugs. What should she be looking out for? I reviewed as best as I could the signs and symptoms – she had not seen any.

So why the worry? I knew the lad – he was a good kid, respectful and polite. She carefully unwrapped a tissue and showed me a white tablet, in shape and size not unlike a temazepam 20mg tablet. I was immediately struck by what seemed to be tiny splashes of blue ink. It had a reference number, 247, on one side and a symbol on the reverse which

I didn't recognise the company and took it to the dispensary for investigation

looked like a square with letters inside. They were difficult to make out but looked like REBOR.

I didn't recognise the company and took it to the dispensary for further investigation. I had difficulty reading the name and asked my assistant to help. I felt there may be an extra letter hidden by the 'ink splashes'. Her young eyes are better than mine and, just as I was about to contact Drug Information, she solved it.

Returning to my customer, I felt stupid as I announced it was a mint called "24/7" by Trebor. The 'ink splashes' were peppermint. I needn't have felt stupid – it was worth it just to see her elation and, for a brief moment, the smile I remembered.

Written by a practising community pharmacist in Northern Ireland

TOPICAL REFLECTIONS

The will is there, but what about the resources?

I have always believed that the potential for community pharmacies to provide a public health role has been underutilised. As the most publicly available primary healthcare professional with premises widely distributed throughout the community, I would have expected us to be the first port of call for any aspiring local director of public health.

PharmacyHealthLink has always recognised this potential and, in partnership with the Faculty of Public Health, has now published 10 key areas of competence around which structured training throughout a pharmacist's career should be managed (*C&D, July 12, p9*).

Looking at these competencies I cannot but agree. If widely adopted they should provide a comprehensive framework for enabling community pharmacists to make a real contribution to the public health agenda. But one thing is missing.

Unfortunately, like many other excellent suggestions for integrating community pharmacy with other NHS services, this one also suffers from the problem of implementation. Community pharmacy is not a salaried profession of the NHS but a private contractor responsible for making a profit to survive. It is the success of the pharmacist as a businessman that allows him or her to provide the additional services so often sought by other agencies.

I would love to become actively involved in public health initiatives. I believe I could contribute significantly to the improved health of my community but I cannot do that in isolation of the reality of making a living. For this PHL strategy to have any long term meaning it must be accompanied by an appraisal of the resources required for its successful implementation. Without that understanding and the willingness of those who hold the purse strings to engage in constructive dialogue, its well-intentioned ideas will be doomed to founder.

Tackling global warming generates a lot of hot air

Only a few weeks ago I learned that CFC salbutamol inhalers were at last on the way out. The European Commission had given a date for prohibiting their marketing and their manufacture had already stopped with only residual stocks still being sold.

At the time I thought little of this report because most of my patients have already been changed to CFC-free inhalers and I only keep two of the old CFC type to satisfy a genuine request. As far as I was concerned, the change from CFC to CFC-free had already been completed and the total removal of the CFC from the market would have no effect on me.

How wrong could I be! In a few short weeks the availability of CFC-free inhalers has reached crisis point. The price has responded accordingly and I am now paying £1.30 for inhalers I was buying for as little as 55p only a month ago. The numbers have also been restricted and I have been forced to buy at similarly higher prices quantities of CFC inhalers in order to guarantee continuity of supply for my patients.

All my hard work of the last few years in gently changing patients, explaining the reasons and counselling on the differences between the two types of inhaler have now been destroyed. Patients are confused and justifiably annoyed. They had accepted the rationale and inevitability of the change and had responsibly adapted to using the new inhalers. Now they were being told that CFC-free are in short supply and they may have to temporarily change back to CFC inhalers. So what is going on and, if the original report was accurate, what happens when the CFC inhalers are not available? Will manufacturers restart their production or import from the EU? And, if I run out of CFC-free entirely do I have to have re-written every script calling for CFC-free? Of course I could use Ventolin – but will I be paid? What a mess, although it's no more than I should have expected. The collective expertise of the Department of Health and the pharmaceutical industry couldn't organise the proverbial p*** up in a brewery. All those years of build-up to the time when CFC salbutamol inhalers could finally be declared history and, when it happens – chaos!

"I can't afford to let my customers down. My whole business is built on trust."

Words of wisdom dispensed by Mark Hopkins of Hopwood Pharmacy, Cardiff

" To me, being a pharmacist is more than just making up prescriptions for my customers. It's about reliability and trust. I have to have exactly what my customers need, when they need it. It's why UniChem have come up with something called The Pharmacy Working Standards Agreement. It basically means that they guarantee delivery times, the quality of their products and competitive prices. And they're the only Pharmacy Wholesaler in the UK to do this. *UniChem Working Standards become our working standards.*"

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ask about medicines week 12-18 october 2003

Rebecca Russell looks at important issues in medicines management

In the golden age

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This course (module 1276), in association with multiple choice questions being published in C&D August 2, provides one hour's continuing education

Learning Objectives

- To be aware of national service framework requirements
- To be aware of factors causing falls
- To revise drugs most likely to cause problems in older people
- To review why people may not take medicines as prescribed
- To understand how to reduce medicines waste

Help the Aged estimates that by 2025, a quarter of the British population will be over 60 and half of those will be over 75 years old. An ageing population makes significant demands on health and social services budgets.

The National Service Framework (NSF) for Older People states that in 1998–1999, the NHS spent around 40 per cent of its budget on older people while 50 per cent of the social services budget was spent on services to the over 65s.[1]

In addition, as people get older their use of medicines increases, with the majority of people over 75 years taking at least one prescribed medication and 36 per cent taking four or more. In 1999, 24.8 items per head were prescribed and dispensed for older people.[2]

The NSF for Older People aims to improve the standard of and access to care for patients and keep older people healthier and able to live independently longer. The *NSF* sets eight standards and, while medicine use is key to each one, arguably the most significant in terms of the health and independence of older people is that relating to falls.

Falls

Falls and their consequences are a major public health and economic issue and in many cases can be prevented. Mortality associated with falls in older people is high, with 67 per cent of accidental deaths in females aged over 65 attributed to falls in 1997.[3]

Standard six of the *NSF for Older People* aims to reduce the number of falls that result in serious injury, and ensure effective treatment and rehabilitation for those who have fallen. The service model promoted in the *NSF* for membership of a falls service team includes pharmacists, and also recognises the role of drugs, both in the prevention of osteoporosis and as a risk factor for falls.[1]

The ability to balance and stand upright diminishes with age and relies on many factors including sensory input, cerebral processes and voluntary and involuntary muscular activity.[3] Consequently any medication having a pharmacological effect on any of these factors may contribute to a fall, especially where the ability to balance is already compromised by age. Patients taking antihypertensives, for example, should be advised to stand up slowly if the drugs are likely to cause postural hypotension. *Box 1 overleaf* gives some examples of drugs that may increase the risk of falls in older people.

The *NSF* standard highlights polypharmacy as a risk factor for falls, with the number and dosage of medicines increasing the risk. Where a patient has had a fall, medication review may help avoid further falls.

Alcohol may be an additional contributory factor to falls in older people. Even in small quantities, alcohol can react adversely with prescribed and OTC medication, especially benzodiazepines and antihistamines. Mixing alcohol with such medication may cause drowsiness, slowed reactions and loss of balance.

Community pharmacists can support PCT strategies to reduce

Continued on page 20 ▶

Mortality associated with falls in older people is high. Walking frames are a useful aid for those experiencing difficulty with walking or balance

falls in older people not only by advising on potential drug reactions but also by identifying those patients at greatest risk among the elderly, such as those on long term corticosteroid therapy who are at an increased risk of developing osteoporosis.

Medicines

To ensure that medicine use in older people is both clinically effective and cost-effective, the *NSF* was supplemented by *Medicines and Older People – Implementing medicines-related aspects of the NSF for Older People*.[4] There were two key targets:

- by April 2002 all people over 75 years should normally have their medication reviewed at least annually and those taking four or more medicines should have a review six-monthly
- by April 2004 every PCT will have schemes in place so that older people get more help from pharmacists in using their medicines.

In some areas pharmacists are already at the centre of PCT strategies to meet the targets and ensure that older people gain maximum benefit from their medicines. But earlier this year the Department of Health confirmed that the medication review target set for 2002 is still not a reality for many older people.[5] Collaboration between GPs and community pharmacists may be the only way that PCTs can fully meet and sustain the improvements in service required of them by the *NSF*.

Medicines and Older People sets the gold standard for medicines management, highlighting key issues that may prevent older people getting full benefit from their medication. Community pharmacists have the skills and knowledge to support PCT strategies to address these issues.

Polypharmacy and interactions

These are implicated in up to 17 per cent of hospital admissions in older patients.[4] Polypharmacy is common and can develop incrementally over time, often with a new medicine being prescribed to treat side effects of an existing one. Polypharmacy commonly leads to an increased risk of interactions and adverse drug reactions and is a major cause of re-admissions to hospital and falls in older people.[4]

Pharmacist-led medication review services, including 'Brown Bag' reviews, are useful for identifying potential problems in patients receiving four or more medicines.[6]

As well as having routine reviews, older patients presenting with an unexplained deterioration in health, such as dizzy spells, confusion or a recent fall should be reviewed as a priority to determine whether their medication has caused or contributed to the problem.

The pharmacists' guide to the *NSF* (see 'Essential reading' below) suggests drawing up a care plan that includes actual and potential drug-related problems. It should consider factors such as unnecessary duplication with drugs having similar indications, whether the dose and dosing schedule are appropriate, do patients know what the treatment is for and are any monitoring tests required?

Under-prescribed medicines

Preventative treatments including antithrombotics, aspirin, statins, ACE inhibitors and antidepressants may not always be prescribed effectively in older people.[4] Community pharmacists can help to identify and refer at-risk patients who would benefit from intervention. NSFs for coronary heart disease, mental health and diabetes give treatment protocols in these areas (*details at www.doh.gov.uk/nsf*).

Not taking medicines as intended

As many as 50 per cent of older people may not be taking their medicines as intended.[7] Pharmacists will often be aware of poor compliance from patient medication records and day-to-day interaction with patients.

Formal medication review will further identify patients who take medicines irregularly because of side effects or lifestyle issues, those who do not want to take them or believe they do not need to, and those who simply forget. Rationalisation of the medication regime with adequate counselling by the pharmacist will support improved concordance.

Many cardiovascular drugs, for example, need dose titration to achieve a target blood pressure, reduction in cholesterol or symptom control in angina. The patient may start on a low dose single tablet but end up taking several low dose tablets when the prescriber subsequently instructs the patient to increase the dose. One higher strength tablet is not only less complicated for the patient but may also be more economical to prescribe.

Compliance aids may be required to help patients who have problems remembering to take their medication. These aids are specifically mentioned in *Medicines and Older People* as a method of supporting the independence of some older patients for whom admission to residential or secondary care might be the only alternative. *The Guide for Community Pharmacists* (see 'Essential reading' below) contains an Appendix illustrating a model bid for compliance aids.

Reducing waste

An imbalance in the quantities prescribed means that not only do patients potentially undermine their treatment by running out of different medicines at different times, but they may also order all their repeat items every time one item runs low, especially if confused by the names of the medication appearing on their repeat slips.

One study estimated that wastage due to inequivalent quantities and over-ordering by patients accounted for £60 million per year in 1991 or 2.4 per cent of total prescribing expenditure.[8] Drug wastage in the NHS is a significant problem but one which could be rectified by simple measures. Community pharmacists are the perfect resource for PCTs to engage to help tackle this issue.

This so-called 'inequivalence' can be a particular problem for 'prn' items and products prescribed by pack size, such as creams and sprays. Patients may believe that if they don't re-order all the items on their repeat medication list they may lose the chance to do so in future. Pharmacists can enlighten them and encourage them not to stockpile.

Repeat prescriptions account for about 75 per cent of all prescriptions and an estimated 81 per cent of prescribing costs in general practice.[9] Poorly managed systems increase waste and cost, adversely affecting both patient care and prescribing budgets. A simple review of repeat prescribing systems can identify many opportunities for

Continued on page 22

Box 1: Drugs which may increase the risk of falls in older people

Drugs	Mechanism includes
Diuretics	Dehydration and impaired cerebral perfusion
Antihypertensives Antiarrhythmies	Postural hypotension and impaired cerebral perfusion
Analgesics (especially opioids)	Drowsiness and slower reactions
Antidepressants	Drowsiness, hypotension and slower reactions
Hypnotics	Ataxia and confusion
Antipsychotics	Drowsiness, slower reactions and extrapyramidal side effects, hypotension
Antihistamines	Drowsiness, psychomotor impairment, hypotension and extrapyramidal effects
Aminoglycosides, aspirin and frusemide (furosemide)	Ototoxicity
Laxatives	Dehydration
Antimuscarinics	Dizziness, sedation and blurred vision

For further information see Merck Manual of Geriatrics (available online at www.merck.com) and the British National Formulary

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rationalising therapy and reducing costs.

Community pharmacists are uniquely able to give feedback from the end point of the repeat prescribing process, and have the skills and knowledge to help practices improve their systems at every stage from ordering to synchronising quantities. At the same time they can ensure regular review and monitoring.

Poor communication

Changes to medication regimes following in-patient treatment frequently confuse patients and may lead to errors in prescribing and administration. The patient or GP practice may inadvertently restart medication that was withdrawn in hospital or duplication may occur if different prescribers order the same drug by its generic and brand name.

Improving communication between secondary and primary care, to include community pharmacists, would improve the efficiency of medication history taking for elective admission, reduce delays in patient discharge, provide additional support for patients whose medication has been changed after a hospital stay and prevent unintentional continuation of medication that was only prescribed for a short course.

Inadequate dosage instructions

There are considerable risk management and clinical governance issues associated with the lack of or inadequate dosage instructions for patients on medication labels. The Chief Medical Officer's report, *An organisation with a memory*, set a target to reduce the frequency of serious medication errors by 40 per cent by 2005.[10]

Failure to give proper instructions or information to patients regarding the dose and administration of their medication could lead to errors. GPs and community pharmacists should work together to ensure that older people's medication is not labelled "as directed" except in the case of a complicated dose regimen where written instructions and a verbal explanation should be provided.

Other medication issues

Older people are rendered more susceptible to the adverse effects of drugs by pharmacokinetic changes associated with ageing, including alterations in renal clearance, hepatic metabolism and distribution. Severely debilitated patients or those with an infection may be particularly affected.

Older people should be advised to take tablets and capsules with a glassful of water, while standing or sitting upright, to avoid medicines sticking in the oesophagus, particularly where patients may not be mobile.

Box 2 gives other examples where specific advice can prevent adverse reactions and ensure that older patients gain maximum benefit from their treatment.

Box 2: Examples of drugs that may present problems in older people

Drugs	Problem
NSAIDs	Gastrointestinal (GI) irritation, worsening of asthma, fluid retention
Aspirin (low-dose)	GI irritation (concomitant use of NSAIDs should only be used if absolutely necessary and with close monitoring)
Hypnotics	Drowsiness, confusion and ataxia
Diuretics	Dehydration, electrolyte imbalance
Warfarin	Lower maintenance doses often required, outcomes of bleeding more serious
Drugs used in Parkinsonism	Postural hypotension, dizziness, drowsiness, GI disturbances
Digoxin	Toxicity more likely, characterised by symptoms including nausea, vomiting, visual disturbances, fatigue and confusion
Laxatives	Dehydration, intestinal obstruction

For further information see British National Formulary

References available on request
Essential reading:
1. 'Medicines and Older People – Implementing medicines related aspects of the NSF for Older People.' Department of Health 2001. 2. 'A guide for community pharmacists to the NSF for older people.' Produced by collaboration between the PSNC, NPA, RPSGB and CCA. Available from individual organisations. 3. 'Working with the NSF for Older People.' CPPE distance learning pack, available to order from autumn 2003. 4. 'A discussion document for community pharmacy-based services, to reduce falls in older people.' NPA 2002. Available from NHS Service Department, NPA.

Rebecca Russell MSc MRPharmS, is a freelance writer and CPPE tutor. She was formerly publications editor for the NHS Service Development Department at the NPA.

Actionplan

1. Look around your pharmacy, both the customer and staff area. Can you see anything that might result in a fall (such as uneven flooring, an unguarded step)? Make sure they are removed or protected. Use your findings to advise elderly or frail patients on steps to take to avoid falls.
2. For the next 50 patients for whom you keep records, note any drugs that might contribute to a fall (table 1 in text). Should you give specific advice on this problem when you dispense. Consider a medication review for this patient. Is this problem just related to the elderly?
3. For the next 20 patients over 75, for whom you keep records, carry out a medication review. Note the results in your practice workbook. Can you recognise examples of unnecessary polypharmacy? Record these in your practice workbook and talk to the patient's doctor about your findings.
4. How could you help reduce drug wastage in the NHS? Write your suggestions to your PCT.
5. Are you prepared to return all prescriptions labelled "take as directed" to the prescriber (except in known special circumstances)? Perhaps you should lobby your local colleagues, then have a joint pharmacy/prescriber meeting to discuss your concerns.
6. Using *box 2* (in the text) as a base, write protocols to advise elderly patients when taking these drugs.

Distance learning for pharmacists

Those undertaking **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice questionnaire paper to be inserted in the August 2 issue, which will cover this week's CPP-accredited modules, and those in the July 5 and 26 issues. These will cover:

Pharmacy part 2 (1275) ● Medicines management in the elderly (1276) ● Systemic corticosteroid therapy (1277).

The Pharmaceutical Society offers independent verification of results – details on the monthly MCQ papers. Readers without access to Pharmacy Update can contact Mary Prebble on 01732 377269.

the Pfamily Pfavourite

First launched in 1966, the UK's leading children's medicine, Calpol, accounts for two thirds of the children's pain and fever market[1]. Relied on by generations of parents to provide fast and effective relief from pain and fever, recent surveys conducted among GPs and Health Visitors also reveal that Calpol is the most recommended brand when advising parents on pain and fever remedies[2].

The brand's commitment and investment in meeting the needs of today's parents with genuine product innovation has allowed it to maintain its leading position over the years. Calpol were the first to introduce convenient, pre-filled sachets offering a portable and convenient dose of strawberry flavoured paracetamol and the first to launch Calpol Fastmelts®, a unique melt-in-the-mouth paracetamol tablet requiring no water.

As with all Calpol products, the pleasant strawberry flavour makes giving medicine to children easier, something which is a big help to parents.

It's another example of what makes *Pfizer Consumer Healthcare - the driving pforce in pfarmacy.*

CALPOL FASTMELTS

Presentation: Orodispersible tablet containing 250 mg Paracetamol. **Uses**: Treatment of mild to moderate pain and as an antipyretic. **Dosage**: Tablets should be placed in the mouth to melt on tongue Repeat dose every 4 to 6 hours if necessary, up to 4 doses in 24 hours. Children 6 - 12 years: 1-2 tablets: Over 12 years: 2-4 tablets. Under 6 years Not recommended. **Contra-indications**: Hypersensitivity. Phenylketonuria **Precautions**: Caution in severe hepatic or renal dysfunction. **Side & adverse effects**: Rarely skin rash and other allergic reactions. **Price (ex-VAT)**: 12s £1.64, 24s £2.79 **Legal category**: P **PL holder**: Pfizer Consumer Healthcare, Eastleigh SO53 3ZO **PL number**: 15513/0082 **Date of preparation**: March 2003

CALPOL INFANT SUSPENSION AND CALPOL SUGAR FREE INFANT SUSPENSIONS SACHETS

Presentation: Suspensions containing 120mg Paracetamol per 5ml **Uses**: Treatment of mild to moderate pain (including teething pain) and fever. **Dosage**: Repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. Children 1 - 6 years 5 - 10ml: Children 3 months - 1 year. 2.5 - 5ml; Infants under 3 months. 2.5ml for babies who develop a fever following vaccination at 2 months. A second dose may be given if necessary after 4-6 hours. In other cases, use under medical supervision only. **Contra-indications**: Hypersensitivity to paracetamol. **Precautions**: Caution in severe hepatic or renal dysfunction. **Side & adverse effects**: Rarely skin rash and other allergic reactions. **Price (ex-VAT)**: 70ml £1.61 (Calpol Infant Suspension only), 140ml £2.88. 10 x 5ml sachets £2.27. **Legal category**: 70 and 140ml bottles: P. Sachets. GSL **PL holder**: Pfizer Consumer Healthcare, Eastleigh SO53 3ZO. **PL number**: Calpol Infant Suspension. 15513/0004, Calpol Sugar Free Infant Suspension: 15513/0006 **Date of preparation**: March 2003

1 IRI 52 w/e 15/06/03
2 Data on File, Pfizer Consumer Healthcare 2002 (Bounty Market Research data, August 2002)

Pfizer
Consumer Healthcare

Afternoons are peak time for quitters

Smokers trying to quit are much more likely to relapse in the afternoon or evening than in the morning.

A study has found that 93 per cent of relapses occurred in the 12-hour period between noon and midnight while only 7 per cent of smokers relapsed during the remaining 12 hours. The study, which was conducted at St George's Medical School, tracked 200 smokers using 16-hour nicotine patches.

Smokers were aged between 18 and 65 and had been smoking at least 10 cigarettes a day for at least three years.

Participants were tracked while still smoking and for up to two weeks of abstinence. They all attended four weekly individual cognitive behavioural smoking cessation treatment sessions.

Smokers' resolve seems to weaken in the afternoon, according to the St George's Medical School study

During the two weeks following their quit date 70 smokers reported a relapse.

Previous studies have shown that the first relapse predicts a complete relapse to smoking.

The study was published in the July 15 issue of *Human Psychopharmacology Clinical and Experimental.*

Depression a major problem in CHD

Patients with heart disease who are depressed suffer a poor quality of life

Depression in patients with coronary artery disease reduces their perceived quality of life more than their heart disease.

Depressive symptoms in patients with coronary disease are strongly associated with patient-reported health status, while measures of cardiac function are not.

Over 1,000 patients completed a health questionnaire and were assessed for left ventricular ejection fraction, exercise capacity and ischaemia.

The 15% of participants who reported depressive symptoms were more likely to report at least mild symptom burden, mild physical limitation, mildly diminished quality of life, and fair or poor overall health. Although decreased exercise capacity was associated with worse health status, left ventricular ejection fraction and ischaemia were not.

Authors of the 'Heart and Soul' study, published in the *Journal of the American Medical Association*, concluded that efforts to improve health status in patients with coronary disease should include assessment and treatment of depressive symptoms.

For more information:

www.jama-assn.org

JAMA 2003; 290:215-221.

Genetic link in GORD

Almost half of patients' risk of developing gastro-oesophageal reflux disease is due to genetic factors, according to a *Gut* study.

The findings are based on a study of 2,000 pairs of identical and non-identical twins. The twins completed a questionnaire about type and frequency of gastrointestinal symptoms and risk factors for acid reflux. These included smoking, excessive alcohol, obesity and certain drugs.

Acid reflux was reported by 18 per cent of those surveyed, irrespective of whether they were identical twins (monozygotic) or non-identical (dizygotic). But an identical twin was more than 1.5 times more likely to have GORD if their twin was affected.

On the basis of their findings, and having taken account of known risk factors, the study's authors conclude that 43 per cent of the chance of developing acid reflux is attributable to genetics.

GORD is one of the most common disorders in the Western world, with surveys suggesting that 14-20 per cent of the population experience symptoms on a weekly basis. Frequent symptoms are a major risk factor for oesophageal adenocarcinoma.

For more information:

www.gutjnl.com

Gut 2003; 52: 1085-1089.

Scriptlines

Additions to ZD list

Optimax tablets 500mg, Vesanoid (tretinoin) capsules and Viread (tenofovir disoproxil) tablets 245mg will be added to ZD list A for August. Somatuline (lanreotide) Autogel will be added to ZD list B.

For more information:

www.psnc.org.uk

Autopen 24 for 3ml insulin

Owen Mumford is launching Autopen 24, a new injection device specifically for use with all Aventis 3ml insulin cartridges.

It is available on *Drug Tariff* and comes in two models: a one unit model that measures up to 21 units of insulin in single unit increments and a two unit model that measures up to 42 units in two unit increments.

Price (both models): £14.20

Pip code: 1-21 units, 285-3109; 2-42 units, 285-3117

Owen Mumford Ltd

Tel: 01993 812021.

PLIVA launches Torasemide

PLIVA Pharma is launching generic torasemide tablets 5mg and 10mg.

Price: 5mg, £5.94; 10mg, £8.74

Pip code: 5mg, 110-9487; 10mg, 110-9495

PLIVA Pharma Ltd

Tel: 01730 710900.

End of the road for Palfium

Palfium (dextromoramide) 5mg and 10mg tablets have been discontinued following supply problems. IDIS may be able to supply the 5mg tablets on a named patient basis but it expects supplies to be exhausted by the end of the year.

For more information:

Roche Products Ltd

Tel: 01707 366000.

Ebretin to be discontinued

Ebretin (etodolac) 200mg and 300mg will be discontinued on July 31.

For more information:

Ranbaxy UK Ltd

Tel: 020 8280 1600.

Q&A

You receive the prescription (opposite) on an FP10 form and decide to have the preparation made by a specials manufacturer.

Q **The product is delivered with an invoice for £23.50, which you submit to the pricing PPA with the prescription for payment. Will you be reimbursed what you paid?**

ANSWER: No, you would be considerably out of pocket. Chloral Mixture BP is listed in the *Drug Tariff* for England and Wales in Part VIII, as category E. Preparations in this category are expected to be prepared in the pharmacy and are reimbursed at the basic price for the ingredients, plus an extemporaneous dispensing fee of £1.55. You would be able to make Broken Bulk claims for the chloral hydrate and the syrup in the formulation.

The Prescription Pricing Authority will accept claims for payment for a preparation made by a specials manufacturer if it is not listed in Part VIII. So, if the prescription was for Chloral Elixir Paediatric BP, for example, you would be reimbursed what you paid plus the standard professional fee of 94.6p.

NAME *Smith Janice*

Age if under 12 years *Age 5* yrs. mths.

DoB 4/3/98

Address *123 Lime Grove Anytown*

Pharmacy Stamp

Pharmacist's pack & quantity endorsement	No. of days treatment N.B. Ensure dose is stated		NP	

Chloral Mixture BP

5ml at bedtime

200ml

Q **What about if it was written on a GP10 form in Scotland?**

ANSWER: The situation in Scotland is different. In the Scottish *Drug Tariff* there is no equivalent to Part VIII, Category E of the *Drug Tariff* for England and Wales.

Contractors are expected to make preparations extemporaneously whenever possible, and must provide to the Practitioner Service Division reasons why a "special" was necessary if they want to be reimbursed for its manufacture. In doubtful cases the PSD may refer matters to the contractor's health board or primary care trust to ascertain if the additional costs involved were necessarily incurred and reasonable, and will only reimburse the outlay if satisfied that the use of a 'special' was necessary. Otherwise the contractor would be reimbursed as if the item had been extemporaneously dispensed, although the fee (£3.30) is higher than in England and Wales.

Simple hopes Oil Control will be a Hit with teens

Simple has teamed up with teen magazine *Smash Hits!* to grow awareness and trial Simple Oil Control to a target audience.

The four-phase intensive sponsorship campaign rolls out until October and includes a *Smash Hits!* TV six-month gossip feature sponsored by Simple Oil Control, 12 mini series insertions in *Smash Hits!* magazine, a micro-site feature on *www.smashhits.net* and above and below the line initiatives running with the *Smash Hits* tour.

Assistant brand manager for Simple Oil Control, Louise McLintock, said: "The partnership with *Smash Hits!* will enable us to maximise awareness and trial of the Simple Oil Control range as 11.2 per cent of all 11-19-year-old females with sensitive or oily skin read *Smash Hits!* magazine. It will also ensure Simple Oil Control is recognised as cool, effective and socially acceptable," she added.

For more information:

www.simpleoilcontrol.com

Jessops in Diamond haul

Photographic wholesaler Photoline Distribution is offering a new range of high quality camera film.

The new Jessops brand Diamond range is said to harness the latest in film technology to provide increased sharpness and clarity, enhanced colour reproduction and improved exposure tolerance. Available from mid July, the three film speeds are the 100 ISO Diamond Fine, 200 ISO Diamond Everyday, and 400 ISO Diamond Max.

For more information:

Photoline, tel: 0116 232 6522.

Palmolive puts £4m into therapy

Palmolive is pushing its Aromatherapy range with a £4 million marketing spend including TV advertising and an outdoor poster campaign. The next scheduled appearance on-air and posters will be in August.

The marketing campaign is aimed at "aspiring 18-35-year-old females who are attracted by the aesthetic and aromatherapy benefits of the product".

The most recent variant in the Aromatherapy bath and shower range is Sensual, enriched with essential oils of jasmine, rose and orchid extract. The range has a RRP of £1.99 for the 250ml shower gel and £2.49 for 500ml bath foam.

For more information:

Colgate Palmolive, tel: 01483 302222.

TV next week

Anadin Extra: GTV, STV, G, Y, HTV, W, M, C4, C5, GMTV, Sat
Arm & Hammer toothpaste: All areas except GMTV
Benadryl: All areas except C4, C5, GMTV
Bodyform: U, STV, C, HTV, W, LWT
Canesten Oral: All areas except CTV
Clearasil Complete pore cleansing wipes: All areas except GMTV
Eumovate: Sat
Germoloids: C4
Huggies Freedom nappies: All areas except A
Imodium Instants: All areas
Lamisil: All areas except GTV, U, B, CTV, GMTV
Listerine: All areas
Lloydspharmacy Solero Suncare range: All areas except U, LWT, CAR GMTV
Nytol: Sat
OdorEaters Insoles & Spray: All areas
Pepcidtwo: All areas
Pro Plus: C4, C5,
Rennie soft chews: All areas
Ribena: All areas except U, CTV, GMTV
Tena *lady* & Tena *pants* Discreet: All areas except U, GMTV
Voltarol Emulgel P: B, G, Y, C, TT, C4

PharmaSite for next week: Anadin Extra – window, **Hayfever Care range –** in-store, **Canesten oral –** dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Frontshop

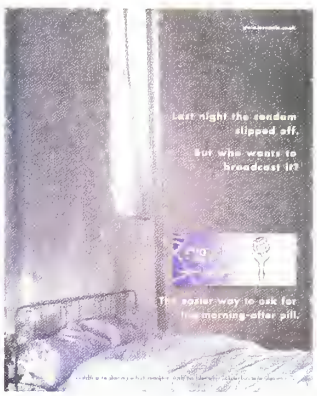
Making it easy to ask for Levonelle

Levonelle's new advertising campaign aims to tackle the anxiety women feel about asking for the morning-after pill.

The £500,000 campaign will see ads appearing on websites, in women's consumer magazines, regional *Metro* newspapers and, for the first time, on the London Underground.

It "promotes the Levonelle brand name as a straightforward and easy way to ask for the morning-after pill". The catchline says: "Last night the condom slipped off. But who wants to broadcast it? Levonelle. The easier way to ask for the morning-after pill."

It also points out that the product is available from the pharmacy without prescription and that it works best if taken within 24 hours, but can be taken within 72.



In addition to the advertising campaign, manufacturer Schering says it is working on communications and training to develop the pharmacists' role in helping put women at ease when requesting Levonelle.

For more information:
Schering Health Care
Tel: 01444 232323.

Calpol helps out holidaying parents

Children's analgesic Calpol, in association with Mark Warner Travel Company, has produced a guide to help parents who are concerned about travelling abroad because of their children's health.

The brand says its research shows that one in two mothers put off going abroad in the summer because of such concerns and it adds that pharmacists and health professionals play a key role in reassuring parents.

Calpol's *Health and Safety* leaflet offers guidance and advice on avoiding holiday illness, keeping safe around swimming pools and on the beach, sun protection, fire and balcony safety.

The guide is free to pharmacists through the Pfizer Consumer Activity Bureau, tel: 0238 0628274.

Essence of Celine

Singer Celine Dion has put her name to a new fragrance which is the result of a collaboration between Creations Aromatiques and Coty Beauty.

Celine Dion Parfums will be available nationwide from August 6 and will retail for a recommended £14.95 for a 30ml bottle and £19.95 for a 50ml bottle.

Vitamin deficiency?

VMS pill poppers are drifting away from traditional vitamins towards dietary supplements, latest research by Mintel shows.

"Over the past two years there have been some significant shifts in the popularity stakes of particular vitamins and supplements," says James McCoy, senior consumer analyst at Mintel.

"Sales of ginseng and garlic, for example, have increased by a massive 57 per cent and 13 per cent respectively during this time. This undoubtedly reflects the growing interest in natural herbal and especially Asian supplements and remedies.

"This is in line with the massive growth seen in the complementary, non-conventional medicine market over the past five years," he says.

Mintel says the overall VMS market in the UK declined in value from £360 million to £350m between 2001 and 2002, with sales stagnating in 2003. The market has now reached a plateau, staying at 2002 levels this year.

Vitamin sales are catching a cold thanks to the rising popularity of herbal alternatives. Sarah Thackray reports

Seven Seas remains brand market leader by some distance and own-label products have also performed well.

Sales of single vitamins took a dive of 10.9 per cent in value sales between 2000 and 2002. Mintel reports that this was partly due to the availability of less expensive own-label alternatives (eg vitamin C) and the difficulty of positioning single vitamins as a comprehensive health solution.

Consumers have been put off vitamins by media coverage of their possible ineffectiveness and the potentially harmful side effects of taking too many.

The FSA has levelled criticism at some single vitamins that are available in high doses, singling out the associated risk of 'overdose' beyond the body's requirements or ability to absorb the nutrient.

A report by the FSA published in May set recommended maximum limits for a variety of vitamins with a warning that exceeding them may cause either short- or long-term health problems.

The report highlighted concerns about the excessive use of vitamins B12 and B6 and commented that large amounts of vitamin C may also cause lesser problems.

While many vitamin suppliers have reacted strongly to these claims, Mintel points out that such assessments are unlikely to help current or future sales of vitamins.

In contrast to single vitamins, multivitamins continue to perform well, with sales increasing by 1.5 per cent between 2000 and 2002. The convenience aspect is a major selling point as purchasers of these products know they are getting a balanced formulation to address any deficiencies in their diet.

The Mintel research shows that British consumers are nearly twice as likely as other Europeans to take vitamins and supplements.

In a poll of some 25,000 UK consumers, 43 per cent of British adults claimed to use these products compared with around a quarter in Germany (28 per cent), France (25 per cent) and Italy (24 per cent) and just one in 10 in Spain.

In Europe, cod liver oil is virtually not used at all, but it is far and away the UK's most popular supplement, accounting for 20 per cent of the VMS market.

Manufacturers have succeeded in encouraging new and younger users into this market. Cod liver oil products are positioned as offering protection against joint damage and improving flexibility.

This clearly appeals to older consumers but also has appeal to less traditional audiences – particularly within the context of increased interest in sports and exercise.

Although the British are more likely than other Europeans to use vitamins and supplements, British consumers still have divided attitudes towards them.

Mintel research shows that, nce 1999, the proportion of adult spondents who say they take tamins and supplements gularly because they believe em to be beneficial to health has creased to one in four.

There has also been an increase those who take them when run wn or under stress.

Conversely there has also been increase in the number of eople who refuse to take vitamins supplements because they do not believe they work. In addition, fewer people appear to be taking VMS on the advice of their GP.

Mintel says this suggests a polarisation of opinion, with consumers becoming either 'believers' or 'non believers'.

Women are more likely than men to take vitamins and supplements.

The British Government recently proposed new regulations regarding vitamins and minerals to bring the UK into line with the European Union.

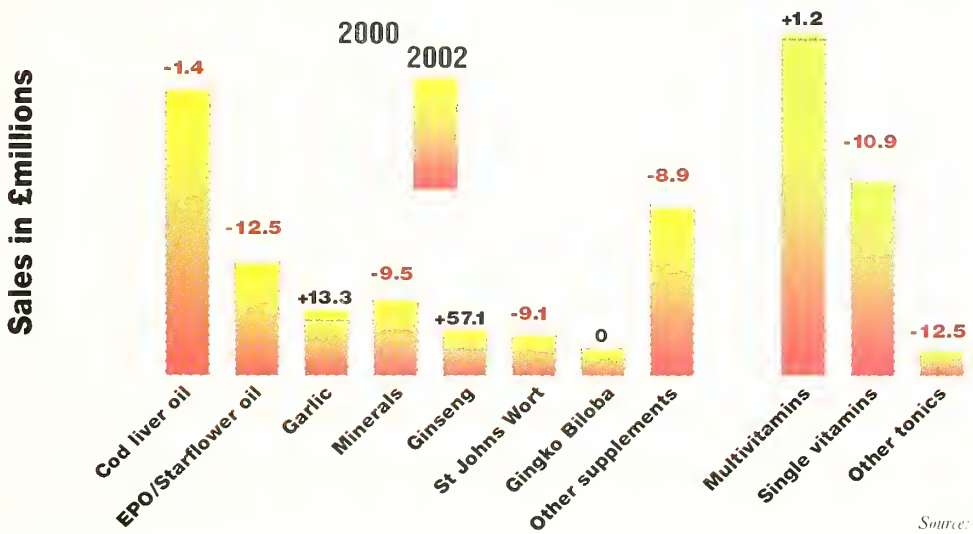
These will almost certainly prohibit the sale of some 270 vitamins and supplements in the UK.

Mintel reports a "distinct feeling of uncertainty regarding the prospects of growth" in the VMS market, exacerbated by the proposed regulations.

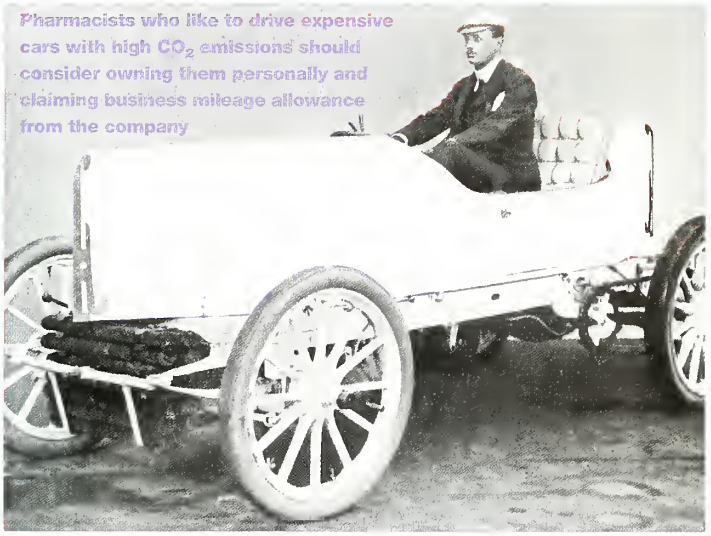
Nevertheless, Mintel predicts sales growth in the VMS market over the next few years – although, says Mr McCoy: "Mintel believes this can only be achieved through more effort and imagination on behalf of the manufacturers."

Vitamins and Supplements in the UK May 2003 is available from Mintel priced £545.

Vitamins, tonics and dietary supplements' value share of market, by type, 2002



Source: Mintel



Pharmacists who like to drive expensive cars with high CO_2 emissions should consider owning them personally and claiming business mileage allowance from the company

Mrs Diamond operated her pharmacy through a limited company. She has the option of selling the pharmacy by either selling the shares or by selling the goodwill. She has been offered £500,000.

Option one

Selling the company shares

Sale proceeds	£500,000
Less original cost of shares (say £100)	
Capital gain	**£499,900**
Deduct business taper relief (maximum 75 per cent)	£374,925
Net gain	£124,975
Less annual capital gains exemption	£7,900
Taxable capital gain	£117,075
Tax payable at, say, 40 per cent	**£46,830**

Option two

Selling the goodwill out of the company

Let's assume the company bought the goodwill in 1996 for	£200,000
Sale proceeds for the goodwill	£500,000
Less cost	£200,000
Capital gain	£300,000
Less indexation allowance, say	£35,000
Net gain	£265,000
Tax payable at company tax rates, say 19 per cent	**£50,350**

Company perks

In the last of a two part series on becoming a limited company Anne Hutchings talks about offsetting tax

I am often asked what the downsides of trading through a limited company are. I don't think there are many these days.

The tax treatment of company cars can be a minus compared with the deductions which sole traders and partnerships tend to claim for motor expenses. However, this is usually a small disadvantage compared with all the tax advantages of a company.

Generally, it will be more cost effective for the pharmacist to own the car personally rather than through the company. This is because individuals are now taxed very heavily on company cars. It is a question of running the figures through a specialist software package, to which your accountant or tax adviser should have access.

Where the car is owned personally the company can pay the pharmacist an allowance for business mileage. This allowance is 40p per mile for up to 10,000 miles and 25p per mile for any additional business mileage.

The allowance can be claimed in the business accounts for the company as a tax deductible expense, but it is tax-free in the hands of the pharmacist.

There are some occasions when a company car can be beneficial – for example, small cheap cars with low CO_2 emissions. Choosing the right car can keep the pharmacists' car tax bill as low as £500.

Tax rules for cars

Pharmacists who like to drive expensive cars with high CO_2 emissions should consider owning them personally and claiming business mileage allowance from the company. However, the company can be used to provide cars with low list price and CO_2 emissions for other family members.

Other benefits

A whole range of tax-free benefits can be provided to company employees, including pharmacists who own the company and are also employees. A few examples are:

- mobile phones for the pharmacist and family members
- free parking near the business, ie season tickets for car parks
- various types of insurance, ie accident, death in service
- regular health screening.

Goodwill

Another tax benefit of operating through a company applies to the acquisition of goodwill. Tax relief can be claimed for the cost of goodwill when it is acquired by a company (note: sole traders and partnerships don't qualify for this tax allowance). Therefore, locums or existing pharmacy owners looking to acquire the goodwill of a pharmacy will find it more tax effective to be operating through a company. As this relief was introduced in April 2002 it remains to be seen what attitude the Revenue will take if claims are too provocative. As business loans for the acquisition of goodwill are frequently over 10 years it may be possible to justify a 10-year write-off period in the accounts.

Example

Mr Jackson, a locum pharmacist, forms a limited company and purchases the goodwill of a pharmacy for £300,000. This is written off in the company's accounts over the next 10 years, giving the company a tax deduction of £30,000 per annum. The net effect of this is to reduce the company's tax bill by approximately £5,700 each year (assuming a company tax rate of 19 per cent).

If, instead, Mr Jackson was a sole trader he would not obtain this tax allowance and would pay tax on an additional £30,000 profits each year. In fact, as a sole trader he would probably be paying tax on some or all of these profits at a rate of 40 per cent.

Where sole traders/partnerships decide to incorporate their existing business, sadly tax relief for goodwill is not available if the goodwill was owned prior to 1 April, 2002. The Revenue anticipated that business owners would be tempted to wildly inflate the goodwill values of existing businesses and then transfer them to a company to claim tax relief, so they introduced legislation to counteract this.

Another frequently asked question is "what happens when the business is sold? Won't more tax be payable than would have been payable as a sole trader?" The answer is not necessarily. It is a question of number-crunching through the various options.

As a general guide it will usually be more tax efficient to sell the company rather than the assets in the company. Trading through a limited company is commonplace these days and it should not be difficult to persuade a purchaser to buy the company rather than the assets of the business. If the business is sold the tax position of the vendor would be as given in the example above.

The problem with option two is that the proceeds of the sale after company tax are still in the company; if Mrs Diamond (*see panel above*) wants to extract the money she will have to pay further tax. The cheapest way to extract the funds at this stage would probably be to liquidate the company and pay capital gains tax on the proceeds. Assuming the company funds are £450,000, the additional tax payable by Mrs Diamond at capital gains rates after taper relief etc would be approximately £41,800, making the overall tax liabilities £92,000.

Summary

In the above scenario, selling the company would save Mrs Diamond just over £45,000 in tax. The key is to use the rules to your advantage. Limited companies are tax effective for many pharmacists so take advantage of the legislation.

Anne Hutchings is a specialist accountant and tax consultant for retail pharmacists. She can be contacted on 01494 722224 or www.pharmacyexperts.com

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AAH

This is the ninth in a series of 10 accredited features taken from the forthcoming book *Mind your Own Business*, written by Dr Terry Maguire. This feature is a summary of the chapter on negotiating skills. The next feature will be a summary of the chapter on problem solving and will be published in the August 16 issue of *C&D*. The book, which is supported by Vantage Pharmacy, will be distributed to subscribers with *C&D* later this year

Negotiating skills

The ability to negotiate is a powerful tool when it comes to business transactions, says Dr Terry Maguire

It comes as a tragic shock when you finally realise that almost everything in the world is already owned or controlled by someone else. To get what you want for your business you have a number of options. You can beg, borrow or steal. Or you can negotiate.

All methods of procurement (with the exception of theft!) are, in one way or another, negotiation, yet we don't always see them in this context. Mostly we view only formal meetings, where decisions are reached and bargains struck, as negotiations. This is not so. Every aspect of human contact involves some form of negotiation.

Negotiation can be defined as the process by which we attempt to achieve our wants. When we want something we want it at the lowest possible cost and when someone wants something from us we wish to make the greatest possible gain. For a negotiation to take place both parties must be willing to work towards an agreement. If this is not the case then you simply don't have a negotiation.

Winning and losing

In negotiations, we often assume that winning by one side means losing by the other. If you're a fly-by-night salesman you will choose the win-lose format with you being the winner, but it will only work for the one-off deal.

You could choose a lose-win outcome. It is pretty hopeless in business, but it can be an option in our personal lives, especially if negotiating with children! Lose-lose is also a possible outcome. It reflects a negative negotiation where each party is willing to be destructive in an attempt to punish the other. This is not uncommon with those progressing through the divorce courts.

Normally successful negotiation is not about short-term gain. Only negotiations that lead to a win-win outcome, where you feel that you have got what you wanted and the other party feels the same, are satisfactory for long-term success in your business and personal life. Much about proper negotiations can seem illogical:

- we must not solely be concerned with our own needs
- we should not be on the opposite side from those negotiating with us
- we should be on the same side trying to solve a common problem
- negotiation is agreement reached through a process of dialogue, discussion and reasonable compromise

It's a game played best by those who know the rules and played successfully by those who obey them.

Before negotiating begins

Who are you negotiating with? In the negotiating process we are not dealing with organisations but with people. Their annual bonus may be linked to the outcome of the negotiation. They may also have a strong personal or moral commitment to the outcome.

One-to-many negotiation is not uncommon as, often, many parties have an interest in the outcome. You could sit all parties around the table and negotiate, but this is complex and difficult. The best option is to distil this down to a one-to-one negotiation if possible.

Negotiation is hard work. Being totally present and completely focused during the negotiation, whether formal or informal, is important. Be clear on what is being offered. Ask for clarifications to get the others to slow down and to allow you time to consider the implications of the offers or requests.

A number of distinct steps in negotiation have been defined. The timescale of each step will be dependent on the size and importance of what you are negotiating. It is important to take one step at a time and ensure that none are missed. In what appear to be trivial negotiations we regularly fail to apply any formal process. If that is the case we are probably losing out.

Step 1: preparation

The first thing in preparation is to know what you want. Having agreed that, then you need to establish how you can get it through negotiation. You might want to buy a pharmacy but what does that really mean? Buying a pharmacy consists of lots of elements, each of which should be considered on its own.

There is the overall price you will pay. But this consists of the cost of stock, the value of the fixtures and fittings and the goodwill. The staff currently working there cannot be ignored. The property may or may not be up for sale. A detailed assessment of these issues and their relative value will need to be undertaken before any negotiation takes place.

Look at and analyse the issue in minute detail. Know the components that make up the deal. Only then can you negotiate with confidence because now you know what you are agreeing to and, more importantly, what a win-win agreement will look like.

Having done this you will establish your bottom line (BL). Where you are buying, this is the highest amount you are willing to pay and where you are selling it is how little you are willing to accept. Failure to establish your BL is a serious mistake. In the heat of negotiations you might feel that you can offer more. Don't!

Having established your BL you need to clarify the Best Case Scenario (BSC). If you're buying, this is the lowest you could reasonably offer and still be taken seriously. If you're selling it's the highest you could ask for. From the BL and the BSC we get the 'negotiating range' where negotiations will take place. When you start the negotiations it is important to keep as close as possible to your BCS and as far away from your BL as possible.

During your preparation you must decide on a series of fallback positions. These are your concessions. You must also establish how important they might be to the other side. Concessions will be used to make the negotiations progress. Concessions should not be given lightly or too quickly if their perceived value is too high.

In your preparation, clarify your objectives. This is best done by making a list of 'must haves', 'intend to haves' and 'nice to haves'. 'Must haves' are the items that you must get from the negotiation. These are not concessions as, added together, they give your BL. Clarity on this list will ensure that you are not sidetracked in your negotiations.

'Intend to haves' are the items which, in the ideal scenario, you would like to have but are not absolutely essential. These are concessions. And the 'nice to haves' are the less important, lightweight concessions. In this way you are valuing the elements that make up an agreement. You should rank concessions from those of little value to those that are more valuable.

When preparing for a negotiation you should anticipate the other party's (or parties') objectives. This is vital as it will allow you to consider how far apart each party's objectives are. It will identify areas of commonality that can be used to develop rapport in the initial phase of negotiations. It may give you the basis on which to build an alliance so that the negotiations move from a one-to-many to a one-to-one negotiation.

In preparation you should also develop a contingency plan for the situation where negotiations fail. Having a good contingency will help to underpin your BL. Your contingency plan should answer the question: "What is the worst thing that can happen if I don't get what I need?" This has been called the 'best alternative to a negotiated settlement' (BATANS).

Step 2: initiation

Aggression seldom has a role to play in negotiation. It pays to be nice. When you meet you aim to create rapport – "a harmonious understanding with someone". When in rapport we are more willing to reach a settlement that is in the interest of both parties.

Having built rapport you may need to break it. This can be done to make the other person uncomfortable with you if you need to. You can therefore reward their behaviour by maintaining and building rapport and you can admonish them by breaking rapport. Once in rapport it is easier to lead the person to an understanding that is better for you.

Step 3: gathering information

You have done your homework, made the opposition like you and set out your position. Now it's time to find out what they want. We will seek to have the other party state their opening position, which will equate somewhere to their highest attainable position.

At this time you must be seeking to understand their 'must haves', 'intend to haves' and 'nice to haves'. The best strategy is to set out how you would like to see the negotiations proceed and then ask the other party to share their views. Find some common ground at the start, something most parties will agree on and which is in the best interests of both parties. This will foster an environment of co-operation that will favour the development of the negotiations.

At this stage try to draw the other party out, discuss their feelings about the negotiation, not the issues. Get them to prioritise their wants and needs. Make sure their wants and needs are priorities before you start to reveal yours. Quiz them on the justification for their requests.

You must avoid the temptation to trade concessions at this step in the negotiations. A point here about ethics: it adds significant power to your negotiating position when you take the higher moral ground.

Step 4: exploring options

In this step of the process we explore the options and attempt to discover how flexible the other party is. We may even be able to establish the possible range of the negotiation. There is the competitive way and there is the co-operative way of doing this. It is best to adopt a co-operative stance since this is more likely to lead to a win-win and it is easier to move from a co-operative to a competitive stance if necessary, whereas it is near impossible to move from a competitive to a co-operative stance.

Questioning any requests and doing this repeatedly will help peel back the layers and allow you to discover what is actually happening and what the underlying motives are. Using open-ended questions is important. Where you have developed rapport this type of questioning will be successful. At this

Continued on page 34 ▶

stage you are putting forward options, not concrete offers and, as you develop, you will be able to judge what their response to these options will be. Having asked questions it is important to be absolutely silent. Do not be afraid of or intimidated by silence. Silence can encourage the other side to move on.

It is possible that as the negotiations progress the outcome may appear to be very different to what was initially expected. This is often what happens. It is good at this stage to take a break. This allows both parties time to consider what has been achieved and consolidate. This might involve simply a slowing down of the process or stopping for coffee or lunch. It might also be a logical stop in the negotiations.

Step 5: trading concessions

In the probing phase we invited the other party to put forward their requests. We now confirm what we are looking for by listing what we want. At this step we should start trading concessions. Concessions are the life-blood of the negotiations.

For every concession given away there must be something taken. When a concession is given away this must be supported by a strong rationale. This is the structure:

- state the concession and give it with reluctance
- provide a rationale on how you can make the concession
- state the condition that would have to be met by the other party in order for you to make this concession – the counter demand.

You should not concede until you are sure that you have all the demands. This stops you giving everything away only to find that there is an additional requirement. Giving away valuable concessions indicates that you are very flexible and you have a way to go before your bottom line. The smaller the concession the closer you will be to your final position. Make sure that you have all your big demands before you run out of concessions.

Step 6: finalising

Having got acceptance of a final offer, it is important you move quickly to ensure that what has been agreed is accepted by the other party. The handshake is still recognised as the finalisation of negotiations but, for legal reasons, there may need to be a firm document set out. Go to your notes on each negotiation and put the agreement in writing.

Power play

Having power in a negotiation is vital to ensuring your success. Power is a perception. If you think you have it, you often have. It is mostly down to attitude. When you feel negative or tired, stop negotiation. Maintain a sense of detachment. Do not get emotionally involved. Negotiating saps energy and where you must remain totally committed to your determined outcome, it requires considerable energy to do so.

Sources of power include: price tags, time and the venue. Time, or lack of it, is a source of power. High time pressure means low power: low time pressure means high power. Control the time frame. You must decide what your time-scale is and what the other party's time-scale is. In a situation where there is a time pressure on the other party and you have no time pressure you are clearly at an advantage.

The more willing you are to take a risk the more power you have. For example, going on strike will demonstrate how committed you are to pay negotiations. Government is confident that community pharmacy will never go on strike and this perhaps reflects our poor performance in pay negotiations. But there are moral limitations and a good negotiator will opt for a morally defensible option.

Negotiation saves the day

Matthew Bridgman of the Bridgman Pharmacy in Brighton recently had to put his negotiating skills into play to protect his business

Changes arising from *Pharmacy in the Future* and other national plans for the development of community pharmacy mean the sector must integrate itself more effectively with primary health organisations if it is to prosper.

To achieve this, contacts with PCOs, health visitors, GPs and healthcare professionals are becoming increasingly important. Negotiating skills play a key role in the formation of such alliances.

"Pharmacists need to develop relationships with other healthcare providers to protect and develop their businesses in an increasingly unstable environment," according to Dr Mandeep Mudhar, director of marketing at AAH Pharmaceuticals. "Many may feel nervous about taking the first steps, but they use the necessary negotiation skills on a daily basis, often without even realising it."

Vantage pharmacist Matthew Bridgman has used his negotiating skills to develop his business. "My aim was to forge a good working relationship with local healthcare professionals to maximise patient care levels and bring business benefits to all concerned."

Through such partnerships he has raised his profile and carved himself a niche in the primary healthcare team. "From the beginning I made sure the local healthcare professionals knew who I was and made it clear that nothing is too much trouble. If they have a query, they know they can contact me at any time. Now these people turn to me when they need help."

Matthew works hard to sustain these relationships and has regular meetings, both formal and informal, with key healthcare workers. This gives him a vital insight into their needs and is a key stage in the negotiation process. But, for Matthew, patients' needs always come first – he is keen to make sure that patient care is never compromised.

The introduction by local GPs of a three-month prescription system is a recent example of a situation in which Matthew had to use his negotiating skills to find a solution acceptable to all.

Although such a system might have saved time at the surgery, it would also have led to a dramatic reduction in income at Matthew's pharmacy. Matthew approached local GPs to try to minimise the effects. He says: "In the least confrontational way possible, I presented a 'before and after' scenario, illustrating the effects of the change.

Matthew Bridgman: regular meetings with healthcare workers

"I then suggested that those who pay for their prescriptions should be considered for the new system but thos exempt from charges should remain on the one-month system unless they request otherwise."

Matthew's approach meant GPs wer willing to accept his proposals, and patient care was not compromised.

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Appointments

Neil Springall has been appointed operations manager at the Mawdsleys' Milton Keynes depot. Before joining Mawdsleys' Mr Springall was an army captain with responsibility for medical supplies in England and a medical warehouse in Kosovo. **Wang Chong**, commercial director of Phytopharm since April, has been appointed chief financial officer.

There are no flies on this research!

A brave group of employees from fragrance and flavours company Quest International has tested the boundaries of personal hygiene in an experiment to develop products that impart a feeling of freshness in addition to keeping clean.

In a business trip unlike any other, the team deliberately went without washing for five days while trekking 90 miles through Exmoor and Devon.

The aim of the expedition was to test being clean through being dirty and to experience hygiene outside the bathroom with only the aid of nature.

The term 'not washing' meant personal hygiene products, including soap, shampoo, hair combs and brushes, toothpaste, toothbrushes, chewing gum and breath mints were totally banned!

Survival skills guru Ray Mears gave the team critical advice prior to the trek on how to survive in the wilderness without everyday items and suggested a variety of natural resources that would be available in the expedition area.

Overall, the group found the expedition much more difficult than expected.

The physical side brought about the biggest challenge and all members were surprised at how much the lack of cleanliness affected their health. Between them they suffered bad chafing (don't ask), sore gums and teeth and a septic toe.

Don't breathe in as the Quest group gather together for a photo

Group leader Tom Haines says: "The trip definitely gave us a better understanding and appreciation of freshness.

"Our research will help us create superior products that could make us feel better through feeling fresh as well as clean. When we had showers immediately after the trek, there was not an immediate feeling of true cleanliness. It was not until after I had had a chance to really relax and take a bath in my own surroundings that I really felt clean."

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.....UniChem was just about to introduce "the most significant advance yet in pharmacy retailing" in the form of the PROSPER ordering system.

Peter Dodd, the company's managing director, said the system would "give users unbeatable benefits in keeping down costs and improving efficiency and profitability".

For those of you too young to have seen or used one of these systems, it comprised a handheld terminal into which PROSPER codes were entered and the information transmitted using the telephone, as pictured here.

According to the report in *C&D July 15, 1978*, a 200-line order could be transmitted in under two minutes and one of the guinea pig retailers estimated that at least six hours of staff time was saved each week on the phone alone. Test your age by seeing if you can remember what PROSPER stood for? Profit Orientated Sales Planning and Evaluation Routine, of course.

Sticky situation resolved in the Far East

When a medicine goes from POM to P consumers are happy. But when it goes straight from POM to GSL... well, this is certainly good news.

The people of Singapore are thus duly cheering the latest arrival of a controlled and formerly banned medicine into their shopping baskets.

And so is its manufacturer, USA gum maker Wrigley, for yes, the product in question is chewing gum, which has been banned in Singapore since 1992.

This year, following pressure from trade talks, Singapore lifted the ban on chewing gum, allowing it to be prescribed by doctors or dentists for therapeutic benefits only.

This was not enough for Wrigley and, after long negotiations, Singapore's ambassador to the USA, Chan Heng Lee, has announced that the Orbit sugar-free brand can now be sold without a prescription.

Ms Lee said some of Orbit's ingredients were deemed to have therapeutic benefits, but did admit: "Frankly I have no idea what they are."

Other banned items in Singapore include a recent album by Janet Jackson. But perhaps some things are best remaining restricted.

What would Sir Thomas Raffles have mad of the ban

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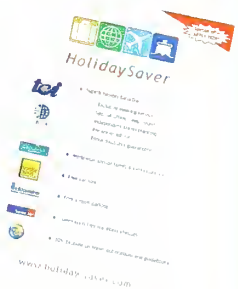

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What is the only OTC treatment for mild external ear infections

Mild external ear infections are a common problem with 9% of the population suffering symptoms such as itching, redness and slight discomfort of the ear.[1] EarCalm Spray is the only treatment you can recommend for mild external ear infections; early treatment may help prevent the infections progressing and so help avoid unnecessary GP visits[2,3]. Its active ingredient, acetic acid, is both antibacterial and antifungal[2,3] And because it's a spray, it's convenient, easy to use and gives better coverage of the ear surfaces,[2,3] compared to drops so aiding patient compliance.[4]

EarCalm SPRAY
acetic acid

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...mation. **Presentation:** Non-pressurised pump action aerosol ... glacial acetic acid Ph. Eur 2.0% w/w as a milky, ... liquid. **Uses:** Treatment of superficial infections of ... canal. **Dosage and Administration:** Adults, children ... and the elderly: One metered dose (60mg, 0.06ml) to be administered directly into each affected ear three times daily (morning, evening and after swimming, showering or bathing). Continue treatment until two days after symptoms have disappeared, no longer than seven days. Discontinue use if there is no clinical improvement after seven days. **Contra-indications, warnings, etc:** Known sensitivity to any of the ingredients. Not recommended in children under 12 years without medical supervision. **Pregnancy/Lactation:** There are no restrictions to the use of the product in pregnancy and lactation. **Special Precautions:** Patients who are known to have a perforated eardrum should only use under medical supervision. If pain occurs during use, or if symptoms worsen or do not improve within 48 hours or if hearing becomes impaired, stop treatment and refer to a GP. **Pharmaceutical Precautions:** Store upright in the carton below 25°C. Shake bottle before use. Before first use, prime the pump by depressing ... actuator 6-10 times until a fine spray is obtained. Use within one month ... first use. Avoid spraying near eyes. **Legal Category:** P **Basic N...** **Cost:** £3.80. R.R.P.: £6.38 **Product Licence Number:** 0036/007... **Product Licence Holder:** GlaxoSmithKline Consumer Healthca... 980 Great West Road, Brentford, Middlesex TW8 9GS. **Date of Revisi...** June 2002. **References:** 1. Prime data. 2. Malik M *et al.* JAM. MED. A... 1975:89-47. 3. Paulose *et al*, J Lar. Otol. 1989:103:30-35 4. Smith ... Moodie, J. Current Medical Research and Opinion 1990: 12,12-18. EarC... is a registered trademark of the GlaxoSmithKline group of compani...

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